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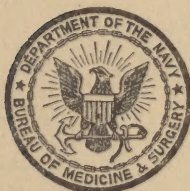
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# OUTLINE OF MEDICAL DEPARTMENT DUTIES

UNITED STATES NAVY

*A Guide for Newly Appointed  
Medical Officers*

NAVMED 114



ISSUED BY  
THE BUREAU OF MEDICINE AND SURGERY  
NAVY DEPARTMENT

1943



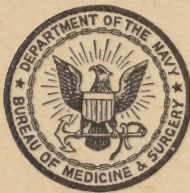


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UNITED STATES  
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MEDICAL DEPARTMENT, U.S. NAVY



Medical  
Corps



Dental  
Corps



FLIGHT  
SURGEON



SUBMARINE  
MEDICAL  
OFFICER



Medical V-12



Dental V-12



Hospital Corps  
and H-V(S)  
Officers



Nurse  
Corps



Hospital Corps  
Enlisted



## PREFACE

The purpose of this pamphlet is to provide, in readily available and easily assimilable form, certain information that should enable the newly appointed medical officer to perform his duties more smoothly and satisfactorily pending greater familiarity with standard departmental publications.

To this end, parts of the Navy Regulations, Manual of the Medical Department Circular Letters, Form Letters, and other sources have been extracted, condensed, and/or interpreted. Originality is largely precluded by the nature of the work. It is a modified compilation and will require frequent revision.





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# GENERAL NAVAL INFORMATION

## GOVERNMENT OF THE NAVY

The Navy is governed by naval law which may be defined as the body of rules prescribed by competent authority for the government and regulation of the naval forces and which is derived from two general sources, written and unwritten.

The sources of written naval law are:

(a) The Constitution of the United States which gives to the Congress the power "to make rules for the government and regulation of the land and naval forces";

(b) Statutory enactments of the Congress made in accordance with the power given it in the Constitution. The most important of these are to be found in the Articles for the Government of the Navy and subsequent enactments properly additional thereto. There are, however, many important statutory enactments respecting the administration of the Navy which are not embraced in these articles but are contained in the Revised Statutes of the United States (a codification of the laws of the United States in force on December 1, 1873), the volumes of the United States Statutes at Large which contain the statutes subsequently enacted, the Code of the Laws of the United States of America (a codification of laws of the United States of a general and permanent character in force January 3, 1935), and the United States Code (a codification of the general and permanent laws of the United States in force on January 3, 1941);

(c) Navy Regulations; and

(d) Orders and instructions, which are additional to Navy Regulations, are issued by the Secretary of the Navy for the information and guidance of persons in the Naval Establishment, and among which are general orders, uniform regulations, signal and drill books, manuals of the bureaus of the Navy Department, and similar publications.

A knowledge of naval law is necessary and each officer and enlisted man is presumed to have knowledge of the contents of Navy Regulations and general orders, and although ignorance of them may be considered as an extenuating circumstance, it does not excuse one guilty of an infraction thereof nor relieve him from the consequences of his acts.

The sources of unwritten naval law are:

(a) Decisions of the courts. Doubtful questions of law arising under the Federal Government are brought before the Federal courts for decision and



when a law relating to the Navy has been authoritatively interpreted by the proper courts, such interpretation becomes in effect a part of the law as fully as though it had been specifically written therein by the Congress. The decisions of State courts relating to the interpretation of laws affecting the Navy are not controlling on the Federal Government but are merely instructive;

(b) Decisions of the President of the United States and of the Secretary of the Navy, and opinions of the Attorney General of the United States and of the Judge Advocate General of the Navy. These are closely related to the decisions of courts in point of authority, and while the Navy Department is bound by interpretations placed on statutes by the Federal courts that limitation does not restrict it in making authoritative decisions on matters coming within its jurisdiction and not governed by statute;

(c) Court-martial orders which, by Navy Regulations, have full force and effect for the guidance of all persons in the Naval Establishment. Officers of the naval service are responsible for the observance of instructions contained therein, just as they are for the observance of other lawful regulations;

(d) Customs and usages of the service. From time to time circumstances arise for the government of which there are no written rules to be found. Such cases are governed by customs of the service which may be likened, in their origin and development, to the portions of the common law of England similarly established. But custom is not to be confused with usage; the former has the force of law, the latter is merely a fact. There may be usage without custom, but there can be no custom unless accompanied by usage. Usage consists merely of the repetition of acts, while custom is created out of their repetition.

The principal conditions to be fulfilled in order to constitute a valid custom are: (1) It must be long-continued; (2) It must be certain and uniform; (3) It must be compulsory; (4) It must be consistent; (5) It must be general; (6) It must be known; and (7) It must not be in opposition to the terms and provisions of a statute or lawful regulation or order.

Mere practices or usages of service, although long continued, are not customs and have none of the obligatory force which attaches to customary law. That a custom has legal status is evidenced in the following quotation from Naval Courts and Boards: "A specification must on its face allege facts which constitute a violation of some law, regulation, or custom of the service."

Just as usage constantly observed for a long period results in the establishment of a custom, so does long-continued nonusage operate to destroy a particular custom, that is, to deprive it of its obligatory character.

Customs are closely linked with tradition and on their continued maintenance much of the *esprit de corps* of the naval service depends. Many of our naval customs have been passed on to us from other great navies of the world, especially the British, but our traditions are our own. Customs must be regarded as unwritten, but nonetheless potent, factors in the government of the Navy and a large proportion of those which time and experience have proved



to make for better order and discipline and increased efficiency have, in obedience to a natural law, changed their form by being merged in written regulations.

*Articles for the Government of the Navy.* These are the so-called "Rocks and Shoals" and may be said to bear the same relationship to Navy Regulations as do the Ten Commandments to the Bible. In general, the Articles for the Government of the Navy define offenses against the discipline of the Navy. The following offenses are listed therein as punishable by death or such other punishment as a court martial may adjudge, and such punishment may be inflicted on any person in the naval service:

1. Mutiny;
2. Disobedience of orders;
3. Striking superior officer;
4. Intercourse with an enemy;
5. Unlawfully receiving messages from an enemy;
6. Desertion in time of war;
7. Deserting trust;
8. Sleeping on watch;
9. Leaving station before being regularly relieved;
10. Willful stranding or injury of vessels;
11. Unlawful destruction of public property;
12. Striking flag or treacherously yielding or pusillanimously crying for quarter;
13. Cowardice in battle;
14. Deserting duty in battle;
15. Neglecting orders to prepare for battle;
16. Neglecting to clear for action;
17. Neglecting to join on signal for battle;
18. Failing to encourage men to fight;
19. Failing to seek encounter;
20. Failing to afford relief in battle.

Many other offenses, among which are spying, murder, scandalous conduct, cruelty, quarreling, duelling, making a false muster, violating general orders or regulations, harboring deserters, etc., etc., and the punishments therefor are also covered in these articles. The duties of commanding officers, the authority to convene courts martial and the constitution etc., thereof, and other provisions relating to the administration of justice in the Navy are contained in these articles.

#### NAVY DEPARTMENT PUBLICATIONS.

General rules and regulations for the guidance of, and other general orders and general instructions to, persons in the Naval Establishment are contained in the following publications:

*A. Navy Regulations.* These are the orders, regulations, and instructions issued by the Secretary of the Navy in accordance with the provisions of section 591, title 34, of the United States Code for the government of all persons attached to the naval service. They set forth the duty, responsibility, authority, distinctions and relations of the various bureaus, offices, and individual officers each to the other. In general, questions of principle are included in Navy Regulations, while detailed instructions as to the methods of applying such principles are issued in bureau manuals. Navy Regulations are signed by the Secretary of the Navy and approved by the President of the United States.

*B. Bureau Manuals.* The manuals issued by the various bureaus supplement Navy Regulations by carrying information and instructions relative thereto and which pertain to the bureau by which issued. Such manuals must in no way alter or amend any provision of Navy Regulations or of any Navy Department General Order, their contents have the force and effect of orders, and they are signed by the chief of the bureau concerned.

*C. General Orders.* These include all orders of permanent or temporary application addressed to the naval service, ceremonial orders, commendation of persons in the service, and similar matters not affecting Navy Regulations, as may be decided upon from time to time by the Secretary of the Navy who signs such orders. They have full force and effect for the guidance of all persons in the Naval Establishment.

*D. Court-Martial Orders.* These publish to the service such extracts from the records of proceedings of courts martial and from the action of the Navy Department thereon as may be deemed desirable. In them also are discussed legal decisions bearing upon the government of the Navy. They are signed by the Secretary of the Navy and are published in pamphlet form.

*E. Uniform Regulations.* These include all regulations and instructions relative to the uniforms of all persons in the Navy and Marine Corps. They specify in detail the various items and articles of uniform to be worn by officers and enlisted men on all occasions. The order promulgating them is signed by the Secretary of the Navy, they have full force and effect for the guidance of all persons in the Naval Establishment, and the publication is well illustrated.

*F. Naval Courts and Boards.* This publication includes both the instructions and the forms governing the procedure of naval courts martial, deck courts, courts of inquiry, boards of investigation, examining boards, etc. The order promulgating this publication is signed by the Secretary of the Navy and approved by the President of the United States, and its contents have full force and effect for the guidance of all persons in the Naval Establishment.

A knowledge of court-martial procedures and of the elemental principles involved in a trial by court-martial, which are clearly set forth in this publication, is a very important phase of every naval officer's duty in order that justice may be administered and there be no miscarriage thereof.



## HINTS TO NEWLY APPOINTED OFFICERS

In addition to the rules of conduct set forth in Navy Regulations and other Navy Department publications, the Navy has acquired through the years a number of customs which should be learned and followed by all officers as soon as possible. These customs are based on the fundamentals of discipline and courtesy and have stood the test of time, and many are now incorporated in Navy Regulations. To fail to observe them is an indication of ignorance or rudeness.

### SUGGESTIONS.

The naval uniform, with its various insignia and devices, is designed primarily to indicate *on sight* those belonging to the naval service, and to show *at a glance* their rank, corps, or rating, and hence the authority and responsibility imposed by law upon those wearing it.

The wearing of the naval uniform should be a matter of personal pride to all naval personnel and uniforms should be kept scrupulously clean, with lace, devices, and insignia bright and free from tarnish and corrosion. No part of the prescribed uniform or equipment shall be worn at the same time that civilian clothes are worn, except articles which do not present a distinct naval appearance, such as raincoats, shoes, socks, gloves, linen, and underwear.

Remember that while an officer wears the naval uniform his actions reflect not only on himself but also on the naval service and all its members. In common fairness to other Navy men, he must at ALL times remember that he is an officer and a gentleman, and act as such. He is also responsible for making sure that all other Navy men junior to him and in his presence also conduct themselves so as to reflect credit on the naval service. Failure to preserve good conduct among others may result in his being tried by General Court Martial and severely punished.

Officers must be conscious of their positions at all times. They must be correct in behavior and appearance, and must create a good impression of the naval service in the minds of all whom they contact. They should not smoke on the streets while in uniform, nor carry umbrellas or bulky packages, nor link arms with anyone with whom they may be walking. When entering a compartment on a ship or station where men are eating—and of course when entering a public dining room—an officer removes his cap and carries it in his hand or under his arm until he properly disposes of it or leaves the compartment. Officers must be extremely careful to be military in dress and gentlemanly in manner whenever they are in public.

### MILITARY COURTESIES.

Courtesy, as generally understood, implies polite, respectful, and considerate behavior towards others and is as necessary in military and naval life as in civil life.

Military courtesy not only includes most of the conventional courtesies recognized in civil life but also prescribes a code of behavior and certain rules of

conduct that are distinctive of and peculiar to the armed services, outside of which they ordinarily are not practiced. In general, juniors give the same precedence to and show the same deference towards their seniors that any courteous person does to his elders.

The formalities comprising military courtesy are observed by superiors as well as by subordinates and on all occasions should be rendered promptly and smartly, for a slovenly and half-hearted execution of them is in itself discourteous.

Military courtesy is indispensable to discipline and nothing gives a better indication of the state of discipline in an organization than the manner in which the formalities of military courtesy are observed and practised.

*The Salute.* In the military and naval services the salute is a token of respect or honor for a distinguished or official personage, for a nation, a day or event that is rendered by presenting arms, the firing of cannon or small arms, dipping the colors, etc. The salute also is a mark of deference paid to superiors by their subordinates in the service that is made with the hand, rifle, sword, etc., in the manner prescribed by regulations and varies according to circumstances.

The salute is a form of military courtesy that has been strictly and conscientiously practiced from time immemorial by men of arms of all nations. By it the individual personally pays his respect to the national flag of his own or a friendly foreign country and to the uniform and authority of his superiors, and acknowledges the salutes of his juniors. When a salute is rendered to a senior it signifies not only respect for the uniform worn and the office held but a friendly greeting; in no way is it to be considered a sign of humility, a mark of servility, or an admission of individual inferiority. When a salute is rendered to the National Flag or National Anthem of the United States of America it implies loyalty to that Nation and when rendered to the flag or national anthem of a foreign country during an exchange of honors it signifies an act of friendship.

The official salute to any person, by all officers and enlisted men with no arms in hand, whether on or off duty, is the salute with the hand, commonly termed *The Hand Salute*. With military men it replaces the tipping of the hat and it is never rendered when uncovered, i. e., when no headdress is worn. It is made by raising the right hand smartly until the tip of the forefinger touches the edge of the visor of the cap or the lower part of the headdress above and slightly to the right of the right eye, thumb and fingers extended and joined, palm to the left, upper arm horizontal, forearm inclined at an angle of  $45^{\circ}$ , hand and wrist straight. At the same time the head and eyes are turned toward the person saluted. When a salute has been returned or the reason for saluting no longer exists, the arm is dropped smartly to its normal position by the side in one motion and at the same time the head and eyes are turned to the front. If it is inconvenient to salute with the right hand the left may be used.

The salute is rendered to the national flag (colors or ensign) when being hoisted or lowered, upon boarding or leaving a ship of war or while it is passing in a parade. The national flag of a friendly foreign nation is similarly



honored. At the playing of the first note of the national anthem all officers and men of the Navy stand at attention, face the music (unless at colors when they face the flag), and salute, if in uniform and covered, retaining the position of salute until the last note of the anthem. If not in uniform and covered, they uncover at the first note of the anthem, hold the headdress over the heart and so remain until the last note, except that in inclement weather the headdress may be raised slightly and held above the head. The same marks of respect are shown towards the national anthem of any other country formally recognized by the Government of the United States.

Salutes are exchanged between officers and between officers and enlisted men (but not between enlisted men) on every occasion of their meeting, passing near, or being addressed, with certain exceptions. Juniors always salute first and when several officers in company are saluted, all return the salute. All salutes in passing or approaching are begun at 6 paces or at 6 paces from the nearest point of passing. Salutes also are rendered when in boats.

Remember that the salute is a military courtesy and must be given and returned in a military manner, never in a sloppy, lackadaisical fashion. When in doubt as to the necessity of rendering a salute, the best rule is to render the salute. It is much better to render an unnecessary salute than to omit one that should have been executed.

### **"RATES"—"RHIP."**

There is such a thing as "rates" in the Navy. "Rhip" means "Rank has its privileges", and in the naval service, certain senior officers may properly do things that may not be done by juniors. These "rates" will not be found in books nor can they be set down here—they must be learned. Meanwhile, because a senior officer does something, junior officers must not assume that it may properly be done by them.

### **FRIENDSHIP WITH SENIORS.**

Junior officers frequently establish close social or personal contact with seniors. They must realize that this relationship is entirely unofficial and does not exist during working hours. Juniors must be most careful to display toward seniors with whom they are friendly the same courteous respectful attitude that they show to others unknown to them. They should never presume on such friendship by asking favors for themselves or others, by relaxation of the respect due senior officers, or by any other means.

### **ABSENCE FROM DUTY.**

Officers must not leave their station during working hours, except during the prescribed lunch period, without first obtaining permission from the executive officer, to whom they shall also report their return.

Punctuality is a virtue which must be assiduously cultivated. Officers must not keep a senior waiting for an appointment but should be at the designated place, in all respects prepared for the proposed task, a little before time.

All undertakings and projects **must** be carefully considered in advance, and all preparations necessary to the success thereof must be made well ahead of time. Officers hold their position because they are supposed to be able to think ahead and make intelligent plans, and they must always strive to show that they are entitled to the rank they hold.

These rules of conduct are, of course, not complete. Officers must learn by observation and by asking questions. Pending the acquisition of a thorough familiarity with naval customs, officers will do nothing very wrong if they exercise good common sense, never forget that they are gentlemen, and bear in mind that they are members of one of the finest military organizations in existence.

The following has been condensed from a pamphlet prepared by the officers of the Naval ROTC Unit, Georgia School of Technology. Certain parts have been taken verbatim from "Your Navy," by Capt. Claude B. Mayo, U. S. N., and the reading of this entire book is recommended. While these remarks are primarily intended for officers who report to ships, the basic principles also apply to those who report to shore stations.

## **YOUR ORDERS.**

On receipt of your orders, examine them carefully, noting all the details.

Your orders will state for you to report immediately; to report without delay; or to proceed.

This wording designates how much time delay you may have before starting travel for your new duty. You are allowed the normal travel time from your home to the place where you are to report, plus so much time delay as follows:

"Report immediately" means you must report within twelve hours exclusive of travel time.

"Report without delay" means you must report within forty-eight hours exclusive of travel time.

"Proceed" means you must report within four days exclusive of travel time.

All officers shall endorse on orders the date and hour of their receipt.

Your orders may read to report at a certain station by a certain time and date, and in this case there is no question of delay. You must reach your destination by that time.

Your orders may read to report to the commandant of a certain naval district for transportation to the ship to which you are ordered.

If you are first to report to a shore station, it is well to report in uniform during the forenoon, preferably about 0900. For example, suppose that you have orders to report to the Commandant, Fifth Naval District, Naval Operating Base, Norfolk, Virginia, for further transfer to the U. S. S. *New York*. You should preferably arrive in Norfolk the evening before the date you are required to report. Inquire in the city as to the best method of reaching the naval operating base, and as to the time required to reach the base from where you remain overnight. Report in the morning in uniform



with your orders, and ask the sentry at the gate where you may find the officer of the day. On large stations where you will remain only as a transient, it may not be necessary for you to report to any other officer, but the officer of the day will inform you as to what is expected of you. Temporary quarters may be available for you at the base, if alone. You may inquire as to this, and will of course ask for all necessary instructions. If you are reporting to a small station, such as a school, the officer of the day, or duty officer, will take you to see the executive officer immediately.

Let us now suppose a different case. Say you have orders to report to the U. S. S. *Colorado* at San Francisco, California, on June 22. If you have arrived in the city the night before, you will have time to look around and obtain information as to the Navy landing and where the *Colorado* is. Several means of finding this out are available: First, by phoning the twelfth naval district headquarters which are located in the city; second, from the city police department; third, from the shore patrol, if one is ashore; fourth, but least satisfactory, from taxi drivers. Assuming you have found the landing at which the officers' boats land, report at this landing before 0800. Many ships may not have an officers' boat scheduled to run after 0730 or 0745 until 1000 or even later. You may, of course, report on board at any time the day before you are required to do so. It really is very desirable to report the day before, going out to the ship in the late afternoon or early evening, as this will give you a little more time to orient yourself. You may take your handbags out in the boat, but leave trunks on the dock requesting the dock patrol to look out for them, and state that you will request the officer of the deck to send in a boat for them later.

Inform the coxswain (helmsman) of the *Colorado's* boat who you are, show him your orders, and request passage to the ship. His men should assist you with your bags, but don't "order" them to do so.

On entering the boat take a seat with any other officers who may be aboard as fellow passengers but remember the seats in the stern are for senior officers. You may (or may not) introduce yourself to the other officers. When the boat comes alongside the *Colorado* rise and allow any officers senior to you to precede you out of the boat.

Ascend the ladder and upon reaching the top grating, face aft in a military manner and salute the colors (whether you can see them or not), then turn, facing smartly, step on board, and salute the officer of the deck, saying, "Reporting on board, sir". You then show him your orders.

Full procedure is outlined as follows:

## REPORTING ON BOARD.

1. Report on board.
2. Arrive with your baggage. (Hand baggage with you, trunks on dock ready to be picked up by a boat.)
3. Arrive in uniform—your best uniform and cap.
4. Report to the executive officer.

5. Do not smoke in his cabin unless asked to do so.
6. Remain standing until told to sit down.
7. Ask the executive officer when he desires that you report to the captain; generally he will take you into the captain's cabin himself.
8. Announce yourself to the orderly—"Doctor Doe reporting for duty."  
"Please ask the captain if he wishes to see me."
9. Always remove your cap when entering the cabin.
10. When the captain dismisses you (generally, he will talk about ten minutes), go report to the head of department.
11. The captain will usually give you an opportunity to bow out gracefully.
12. NOTE: On destroyers and small ships, there is no room to stow a trunk; it will have to be sent ashore after unpacking. It may be desirable to send your extra clothes in a strong wooden box which can be broken up after you report on board. If transferred, most ships will have the ship's carpenter make a wooden box in which to pack your extra clothes so that a trunk is not really a necessary possession.

## CONDUCT AND ETIQUETTE ON BOARD SHIP.

Remember all organizations in society have certain customs and etiquette. These are especially necessary for smooth cooperation between men living so close together as is done on board a man-of-war. Live up to these customs and the proper etiquette. Disregard of them will mark you as careless, ignorant, or dilatory. It is true some ships, especially smaller ships, may not follow these customs as strictly as the larger ships, but strict compliance with the following is your only safeguard until you have become thoroughly familiar with any slight variations allowed on board. Even then you may interpret carelessness on the part of some officers as the proper thing to do and thus create an impression of carelessness or ignorance on your own part.

Even at a shore establishment, the same rules of etiquette and conduct apply. Besides, shore establishments exist only to serve the fleet, and every officer should adopt seagoing phraseology and procedure as rapidly as possible and otherwise prepare himself for service afloat.

Following is a summary of etiquette or procedure to follow. Check yourself frequently to see that you are not violating some fundamental and incurring the poor opinion of your brother officers.

*A. Wardroom Etiquette.* 1. Do not enter or lounge in the wardroom out of uniform. On some destroyers and small ships some latitude is allowed in this, but you should be certain the commanding officer sanctions any such variance. Be on guard against following the example of a careless or slovenly individual. The captain may not have spoken to this individual, but his opinion has been formed which will be reflected in the fitness report of that officer.

2. Never sit down to meals before the executive officer or the presiding officer sits down.



3. If necessary to leave before completion of the meal, excuse yourself to the presiding officer at your table.

4. Always introduce your guests to all wardroom officers. On large ships, to those at your own table, at least.

5. All guests are guests of all wardroom officers. Be friendly and sociable to guests. Don't continuously talk shop to guests. It gives the impression that you know nothing else and that you are just showing off. In addition, you may reveal confidential information.

6. Whenever an officer from another ship enters the wardroom, introduce yourself, extend all courtesies, and ask to help him in any way possible.

7. Never be late for meals. If you are unavoidably late, make your apologies to the presiding officer.

8. You do not have the privilege of eating in your room.

9. Do not loiter around the wardroom during working hours. You are supposed to be at work, not "chewing the fat" and drinking coffee to kill time, which marks an officer as of the indolent type.

10. Do not be boisterous or otherwise noisy in the wardroom. This is the home of all the officers, and their rights and privileges must be respected. All must share it equally.

11. Pay your mess bill and all other personal ship bills promptly. Your wardroom mess bill for a month is payable in advance.

12. Be civil and just in all your dealings with mess attendants. If you have a complaint, it is best to make it to the mess treasurer.

13. Some messes have some local rules—such as, not to talk shop at meals, not playing radio during meal hours, etc.

14. Don't abuse the use of the watch boy by sending him on long errands.

15. Remember gambling or drinking on board ship is a general court-martial offense. Enough said.

*B. Quarterdeck Etiquette.* 1. Never appear on the quarterdeck unless in the uniform of day.

2. Salute the quarterdeck every time you come on it—whether from below, through a maindeck watertight door, or from any other place.

3. Never smoke on the quarterdeck.

4. Never engage in recreational athletics on quarterdeck unless it is sanctioned by captain and then only after working hours.

5. Never walk on the starboard side of the quarterdeck—that belongs to the captain.

*C. Conduct of Junior Officer of a Division.* 1. Never be in the wardroom eating breakfast after 0800.

2. Always be in the sick bay in the morning before the senior medical officer shows up—always be there at 0800.

3. Never address the senior medical officer except as doctor (if below rank of commander), in the presence of other officers or enlisted men.

4. Show your initiative and assume responsibilities, but make sure you know what you are doing before suggesting or making changes in established procedure.

5. Always be at general drills as promptly as humanly possible.

6. Be military. Wear good clothes to quarters and your best at inspection.

7. Handle your men through your leading petty officer. Never bypass your petty officers.

8. Be firm but not a "stuffed shirt."

9. Learn everything about your job. If you don't, your men will quickly find out your lack of knowledge and will have little confidence in you.

10. Always refer matters of internal divisional discipline to the senior medical officer.

11. Listen to suggestions from your men—you will learn a lot.

12. Never under any circumstances call an enlisted man by anything but his last name. (Failing knowledge of his name, call him by rating.) Learn the names of your men, their troubles, their characteristics, etc.

13. It is fatal if you assume an attitude of familiarity with your men. To repeat: It is not necessary to be a "stuffed shirt" to maintain the dignity of your uniform. You can be friendly with men of your division without being chummy.

14. To repeat: Always show initiative and don't shirk responsibility. When given a job, do something about it; take action, even though you may make mistakes. Remember that "No matter how small a job, if it is worth doing at all, it is worth doing well."

15. Do all that you can to build up the morale of the ship—both that of the officers and men, and the families ashore. Make yours the best ship with the best ship's spirit. You will be rewarded by a great sense of satisfaction in the end, and much more can be accomplished in a contented ship than in one in which there is contempt, jealousy, and hatred. Try to work in complete harmony and cooperation with the others about you.

16. Never procrastinate and never go ashore until you have completed the work assigned you or expected of you for the day. When there are two or more medical officers attached to a ship, one must be on board at all times, unless a medical guard has been established.

*D. Boat Etiquette.* 1. Enter first—leave last—when seniors are present.

2. Always stand when a senior enters or leaves boat.

3. Do not sit in the stern sheets unless asked to do so.

4. Always give your seat to a senior without being asked to do so.

5. When leaving the ship, get in boat prior to the one-minute boat gong—don't make a last-second dash down the ladder or gang plank (commonly called the gangway).



*E. Social Duties Ashore.* While social calls are not required to be made during war times, they are not prohibited, and officers are urged to make them where possible.

In making calls ashore, it is considered that a call is made if you call and leave cards, regardless of whether the family called on is at home. But remember it is always more friendly to return again until you do find the family at home. Calling at a time when it is only too obvious the family will not be at home (as in the case of an officer having the duty) is exceedingly discourteous, and this offense will not be readily overlooked. Calls usually are regarded by junior officers as something that is a bore, but they are the basis of all social life of the Navy. Careful adherence to these social duties will go a long way toward making you a well-liked officer on board ship. Regardless of all other calls, make sure your calls on the captain's, executive officer's, and your own immediate superior officer's families find them at home. It is not remiss to ask when it will be most convenient for you to call. Some higher ranking officers designate a special time for "at home" when they wish calls to be made.

If single, it is strictly good form to call on all married officers as soon as possible.

Also, remember small ships are more friendly and chummy than large ships, and most officers' families will appreciate your making a friendly call at reasonably frequent intervals. A strictly duty call requires you to remain from fifteen to twenty minutes. A friendly call lasts longer, but be careful not to outstay your welcome, and be quick to sense a situation when you have called at the wrong time. It is always possible the other couple that has just come in has been invited to play bridge, or the family may be wishing to go out. A social sense and an unselfish manner will quickly detect these situations. Don't do all the talking, but do some. Acquire a friendly sociable attitude. Don't talk too much about yourself or air your own opinions with the greatest of ease. Talk about something other than "shop" or "where you came from."

You and your wife may both have personal cards, her's simply inscribed "Mrs.———." In addition, you may have a joint card engraved "Doctor and Mrs.———." In making a call, you call on the officer, his wife, any adult members of the family or adult guests and should leave one of your cards for each person called upon. Your wife, however, does not call on the officer or any male adult members of the family or guest, and therefore leaves her cards only for the wife, female guests, and adult female members of the family. Joint cards may be left instead of individual cards for persons called on by both you and your wife.

*F. Finally.* You are in the Navy because you are a physician. Be a good doctor to "the gang"; always be a gentleman; and try to learn to become a naval officer as well.





## ORGANIZATION OF THE NAVY

### THE NAVY DEPARTMENT AND ITS DIVISIONS.

The Navy Department is one of the departments of the Government concerned with the National Defense. It is headed by the Secretary of the Navy and is divided into the Office of Naval Operations, seven bureaus, the Office of the Judge Advocate General of the Navy, and the Headquarters, U. S. Marine Corps, each of which divisions has its own specific function. In general, it may be said that the function of the Navy Department is administrative, and its main duties are to procure and provide. Included in the Navy Department organization are the following bureaus: Bureau of Aeronautics, Bureau of Medicine and Surgery, Bureau of Supplies and Accounts, Bureau of Yards and Docks, Bureau of Ships, Bureau of Naval Personnel, and Bureau of Ordnance. The functions of the bureaus are largely concerned with procurement and material.

#### BUREAU OF MEDICINE AND SURGERY.

The Bureau of Medicine and Surgery is headed by the Surgeon General who is also the Chief of the Bureau and is appointed by the President. He is assisted by the Assistant to the Bureau and such other officers as are necessary to administer the various divisions of the Bureau. These divisions include: (1) Administration; (2) Personnel; (3) Dentistry; (4) Physical Qualifications and Medical Records; (5) Preventive Medicine; (6) Aviation Medicine; (7) Finance; (8) Inspections; (9) Planning; (10) Publications and Current Information; (11) Red Cross and Veterans' Administration, and (12) Research.

The Bureau of Medicine and Surgery is charged with and is responsible for the following: (1) Maintenance of the health of the Navy and the care of the sick and injured, the custody and preservation of the records, and accounts and properties under its cognizance; (2) the upkeep and operation of naval hospitals, medical supply depots, technical schools, etc.; (4) providing for the physical examination of all naval personnel; (5) passing upon the competency, from a professional standpoint, of all men of the Hospital Corps, recommending the complements of medical department personnel for ships and hospitals, and the administration of the Nurse Corps; (6) the procurement, custody, and issue of medical department supplies and equipment; (7) approving the design of hospital ships insofar as concerns the care of the sick and wounded and providing for the administration of the medical department thereof; and (8) the care of the dead.

## SHORE STATIONS.

The term "shore establishment" embraces all those varied activities of the Navy represented by navy yards, naval air stations, training stations, training schools, naval hospitals, etc.

The various naval activities ashore are divided into geographical naval districts. Each of these districts is headed by a commandant on whose staff is a medical officer known as the district medical officer whose primary duties are almost entirely administrative in character and are largely concerned with the naval medical activities and sanitary and health conditions in the naval district.

The administrative organization of all shore stations is similar, each having a commanding officer, an executive officer, and various heads of departments whose number and function may vary in accordance with the character and size of the particular activity. At all stations, except naval hospitals, it is common to find the following: captain of the yard, or commanding officer; communications officer; supply officer; public works officer; and medical officer. At naval air stations, additional heads of departments will be found whose duties are those connected with aviation, such as operations officer and assembly and repair officer. Naval hospitals are organized to provide for clinical (or professional) and administrative functions. The administrative organization consists of the commanding and executive officers, the officer of the day, and administrative assistants designated as the maintenance officer, the accounting officer, the property officer, the commissary officer, the personnel-record officer, and the disbursing officer. The clinical organization, under the direction of the commanding and executive officers, consists primarily of the chief of medical service, the chief of surgical service, the chief of dental service, the heads of departments of those services, the ward medical officers, and the nursing service under supervision of the chief nurse.

## FLEETS.

The Constitution of the United States provides that the President shall be the Commander in Chief of the Army and the Navy. The function of the fleet may be said to be operational, and at the present time the technical command is vested in the Commander in Chief, United States Fleet, commonly called Cominch, who is also the Chief of Naval Operations. Under this officer are the Commander in Chief, Pacific Fleet, and the Commander in Chief, Atlantic Fleet. Each fleet is further divided for administrative purposes into type commands, such as Carriers, Pacific; Cruisers, Atlantic; etc. Tactically, however, ships of different types may be combined into so-called task forces, each in charge of a task force commander, without regard for the type of ship employed.

In each fleet, the medical department is represented by a high ranking medical officer, termed the fleet surgeon, who is a member of the staff of the commander in chief of that particular fleet.



A great number of the type commanders have medical officers attached to their staffs. The function of these medical officers is mainly administrative, and they are employed in standardizing medical procedure in the particular force and in inspections of the individual ships of the force in order to maintain the medical departments at the highest possible standard.

Up to the present time, no medical officers have been assigned as task force medical officers. If the particular commander of a task force happens to be a type commander as well, it is possible that his staff medical officer may accompany him during task force operations. In a case such as this, the medical officer in question would naturally be a task force medical officer—in action, if not in name.

#### SHIPS.

Each ship in the fleet has its commanding and executive officers, and certain officers assigned as heads of departments, each of whom has his own particular duty. In larger ships these department heads are the gunnery officer, the engineer officer, the navigating officer, the damage-control officer and first lieutenant, the medical officer, and the supply officer. In some of the smaller ships two of these positions may be held by one individual. For carriers, there is an additional department, the air department, and the officer in charge of this particular section is known as the air officer.

Depending upon the size of the ship, the medical officer (the senior officer of the Medical Corps on board) may have as many as four junior medical officers and two dental officers, or he may be the sole representative of the medical department aboard the vessel. Ordinarily, ships which handle airplanes, such as carriers or tenders, have one or more flight surgeons attached as part of the medical department personnel. The number of hospital corpsmen assigned to the ship will vary in accordance with the size and mission of the ship concerned.

In the consideration of the duties of the medical officer, it will be found that the organization of the medical department is his responsibility. It is up to the medical officer to so employ his personnel that the functions of the medical department of his particular ship or station may be best performed.

Organizations are not stereotyped affairs and will vary with the individual medical officer. However, it is always essential to have an organization which will allow for the proper care of the sick and injured, for the proper care of records, and for material accountability.

#### LOCAL REGULATIONS.

On every station, it is necessary to have a system of local regulations so that newcomers who are unfamiliar with the immediate environment may have some authoritative source from which they can obtain information as to the proper procedure. Such local regulations must not conflict with the station regulations governing all departments, or with regulations promulgated

by any higher authority. On board ship, every officer must be familiar with his own fleet regulations as well as his ship's organization and standing orders.

#### **DAILY ROUTINE.**

In every medical department, whether ashore or afloat, it is necessary that a certain routine be established. The "Daily Routine" should brief the duties of all sections of the medical department in the ordinary routine of a working day as well as the duties of the duty section composed of enlisted men responsible under the medical officer of the day for the functioning of the department after normal working hours. After working hours, the medical officer of the day becomes the representative of the medical officer. He is required to see that the routine as published is in fact effected and he is required to make certain inspections such as inspections of the brig, the galleys, the mess halls, and the food. It is his duty to see that sick call is held at the specified time. He records all inspections, routine, and unusual occurrences in the journal of the medical department, and signs the entries prior to turning over to his relief.

Certain unusual occurrences are reported to the duty officer of the ship or station such as deaths, injuries, examinations for intoxication, an outbreak of food poisoning, the absence of prisoners at large under treatment or severe breaches of discipline in subordinates.



## GENERAL DUTIES OF MEDICAL OFFICERS

The *mission* of the medical department of the Navy, aptly summarized, is: "To keep as many men at as many guns as many days as possible" and this summarization, in general, outlines the duties of medical officers in the Navy. Accomplishment of this mission is obtained largely through safeguarding the health of the personnel of the Navy by employing "the best methods of hygiene and sanitation, both ashore and afloat," and by adopting "for use all such devices or procedures as will in any way tend to an increase in military efficiency." The organization preparing the general plans necessary to accomplish this mission and directing the carrying out of those plans is the Bureau of Medicine and Surgery whose responsibility and duties in connection therewith are set forth in articles 457 and 458 of Navy Regulations.

Medical officers, as a part of the medical department of the Navy, are individually concerned with the accomplishment of the mission of the medical department and because duty in the Navy is twofold in nature, military and professional, their professional duties are necessarily performed under conditions that ordinarily are closely associated with their military duties. Medical officers, like all officers in the Navy, must also, from time to time, serve on courts martial, boards of investigation, courts of inquiry, etc.

Some of the general duties of medical officers are next described.

### PHYSICAL FITNESS OF PERSONNEL.

The role of the medical department in connection with the physical fitness of naval personnel is a most important one. Through its medical officers it must, first, carefully examine and select for entrance into the naval service by enlistment or appointment only those applicants who meet the physical standards fixed upon as a result of years of experience in maintaining the physical fitness of naval personnel and of the advances made in medical science. Second, it must endeavor to maintain and improve the physical fitness of naval personnel by constant attention to hygienic and sanitary conditions and to prophylactic measures and treatment, and by recommending and encouraging physical exercise, and athletic and recreational programs. And third, it must recommend the elimination from the naval service of those who become physically unfit to carry on their duties and whose retention on active duty would consequently be a liability.

### EXAMINATION FOR CONCEALED DISEASES.

Whenever, in the opinion of the medical officer, communicable disease is being concealed on board, he should, with the approval of the commanding officer, examine all personnel in order to bring to light such disease. These examinations, particularly insofar as they involve a search for concealed venereal disease, should not be made routinely, but rather as circumstances may indicate.

## OTHER EXAMINATIONS.

In order to prevent outbreaks of communicable disease on board and to prevent dissemination of lice or other infestations all men who report on board should be examined before they are billeted. The medical officer shall also examine all men prior to transfer and enter the result of this examination in the health record. Those found to be suffering from contagious or venereal disease shall not be transferred except for treatment in hospital or for passage thereto, or in emergency. Under such circumstances, a letter giving all details should be forwarded to the medical officer of the ship or station to which the infected individual is being transferred.

## EDUCATIONAL MEASURES.

One of the more important obligations of the medical department is that of imparting useful and authoritative information concerning general and personal hygiene, the prevention of communicable diseases and of accidents, the venereal diseases, and first-aid measures to the crew. Lectures should be supplemented by audio-visual instruction wherever such is available, which is usually the case on larger ships and stations. The following subjects are suggested as worthwhile in consideration of personal hygiene:

- |  |                      |
|--|----------------------|
| A. The common cold;                              | C. Sunburn;          |
| B. Constipation;                                 | D. "Athlete's foot"; |
| E. Heat stroke and heat exhaustion, heat cramps. |                      |

Venereal diseases should be described briefly and differentiated, one from the other, insofar as incubation period and clinical manifestations are concerned. Methods of prophylaxis and the advantages of prompt and adequate treatment should be emphasized.

## FIRST-AID INSTRUCTION.

Instruction in first aid is all-important and must include instruction in the following:

1. Handling, lifting, and transportation of wounded with and without stretcher;
2. Control of hemorrhage;
3. Application of occlusive dressings;
4. Resuscitation of the apparently drowned and of the electrically shocked;
5. Control of shock and pain;
6. Emergency treatment of burns and chemical and gas injuries;
7. Splinting and lifting for fractures of long bones and spine.

## ROUGH LOG.

A rough log should be maintained by all medical department's activities. In this log is recorded the carrying out of the daily routine but more particularly all unusual occurrences coming under the cognizance of the department and which may be the subject of future interest or inquiry.



## STANDING ORDERS.

An Organization and Standing Order Book is also maintained as a source of information for duty personnel on matters of local policy and routine.

## REPORTS TO OFFICER OF THE DECK.

Deaths or serious injuries to personnel should be reported promptly and in writing to the officer of the deck for the ship's log.

## CARE OF NARCOTICS, POISONS, AND ALCOHOL.

Medical officers are officials of the Federal Government and when on active duty are exempt from registration and payment of the special narcotic tax. They are, however, required to exercise due care in the custody and dispensing of narcotics to see that they are employed for proper purposes only. Similar responsibility must be assumed for the proper use of alcohol and poisons.

In general, all such substances should be kept under lock and key, the medical officer alone having access to the major store. Small quantities for current use may be left in charge of a responsible petty officer, these quantities also being kept secure from pilfering.

All prescriptions for narcotics shall be given a separate file number preceded by the letter "N" and filed separately from other prescriptions. Alcohol expenditures may be similarly recorded on a prescription series bearing the letter "A."

While strict accountability should be the aim, this purpose must not in time of war be permitted to interfere with the useful distribution of small whiskey packages or with the essential and general availability of morphine syrettes in first-aid boxes distributed throughout the ship.

Poisons should be issued only on the written prescription of a medical officer or a dental officer. All solutions of mercuric chloride (bichloride of mercury) shall be tinted blue with methylene blue and all phenol solutions shall be tinted pink with fuchsin. It is the duty of medical officers to assure themselves that all drugs and chemicals under their charge are properly labeled and to see that all poisons, chemical or alkaloidal, are indicated as such by appropriate poison labels. All drugs of a powerful or dangerous nature which may be mistaken for other drugs because of their appearance shall be kept in bottles of different sizes or shapes and in separate positions. *All* bottles shall be *plainly labeled* and medicine glasses shall never be used except for administration of internal medicines.

## UNOFFICIAL CERTIFICATES.

Medical officers are prohibited by Navy Regulations from giving unofficial certificates of ill health, or of inability to perform duty, to persons in the naval service. This prohibition, however, does not apply to requests for certificates from civilian employees of navy yards or stations to enable them to receive compensation from lodges, benevolent societies, and the yard relief association, which requests may be unofficially granted.

## TRANSCRIPTS OF MEDICAL RECORDS AND COPIES OF CERTIFICATES OF DEATH.

Present or former personnel of the Navy may be furnished a transcript of their medical record upon their signed request. Medical records are considered confidential and, except for official purposes, can be furnished to other persons only upon the written authority of the individual concerned or as authorized by the Secretary of the Navy.

All requests for copies of certificates of death or for the execution of blank forms of insurance companies received by medical officers shall be forwarded to the Bureau of Medicine and Surgery and the writers of such correspondence advised of the action taken. In cases where blank forms are received from insurance companies the correspondence shall be forwarded to the bureau, including, if possible, the request of the next of kin.

## EXAMINATIONS FOR INTOXICATION.

Examinations for sobriety may have serious legal significance and should always be conducted with extreme care and properly recorded. The medical officer will be held responsible for proper compliance with paragraph 742 of the Manual of the Medical Department.

## PROFESSIONAL RELATIONS WITH CIVILIANS.

The facilities of the medical department of the Navy are intended exclusively for naval personnel and to some degree for their dependents. This should not be construed as interdicting the employment of any available service for civilians in emergencies or when demanded by common humanitarian considerations. In no such case may a fee be exacted or accepted.

## JUNIOR MEDICAL OFFICERS.

Junior medical officers shall at all times conform to the directions of the medical officer of the ship or station in regard to the professional treatment, care, and comfort of the sick and wounded, to whom they shall be unremitting in their attention.

## THE HOSPITAL CORPS.

Established by act of Congress in 1898, this corps of officers and enlisted men is a constituent part of the medical department of the Navy with which it serves afloat, ashore, and in the field. Because of training and experience many of its members serve independently of medical officers as representatives of the medical department.

The officers in this corps are commissioned warrant and warrant officers who have the titles of chief pharmacist and pharmacist, respectively. The enlisted men have the ratings of chief pharmacist's mate, pharmacist's mate first, second, and third class, and hospital apprentice, first and second class. Many hospital corpsmen now are serving under temporary appointments as lieutenant commander, lieutenant, lieutenant (junior grade), and ensign in the Hospital Corps, United States Navy.

Medical officers have many duties in connection with the Hospital Corps of the Navy, some of which are next briefly described.

#### TRAINING OF HOSPITAL CORPSMEN.

It is a fortunate medical officer who finds himself assisted by an adequate number of experienced, capable members of the Hospital Corps. During periods of rapid expansion in the Navy, there will, of necessity, be few indeed in the allowance of any single ship or station who are so experienced. One of the most important duties of all medical officers is the instruction of hospital corpsmen, and the reporting of their abilities so that they may receive advancement in rating and thereby reflect credit upon their ship and be better able to serve on other ships and stations after transfer. Your hospital corpsmen are your assistants, and they look to you for guidance in professional matters; after they are properly trained, newly inducted medical officers may look to them for a great deal of assistance in administrative matters. The average hospital corpsman is an honest, conscientious, and dependable man and appreciates the delegation of a little authority in the performance of his duties. On board ship the medical department is usually highly respected by the officers and the crew. Well-trained hospital corpsmen contribute more to this wholesome respect than any other single factor.

Current instructions require that regular formal instruction periods shall be held for all hospital corpsmen. There should not be less than four hours per week devoted to this instruction. A large part of the teaching must be done by medical officers. Pharmacist's mates of advanced rating with sufficient training may have delegated to them the teaching of certain specialized subjects. The subjects in which hospital corpsmen require training are laid down in article D-5240, (1), (2), (3), and (4) of the Bureau of Naval Personnel Manual.

#### ADVANCEMENTS IN RATING.

Instructions relative to the advancement in rating of enlisted personnel are promulgated from time to time by the Bureau of Naval Personnel in Bureau of Naval Personnel Circular Letters, Alnav despatches, etc., the basic requirements for qualification for advancement in rating being contained in the Bureau of Naval Personnel Manual. When considering enlisted men for advancement in rating reference therefore must be made not only to that publication but to the latest instructions regarding advancement in rating that have been issued, and advancements may be effected only as provided therein. The circular letters concerning such instructions are reprinted in the Navy Department Bulletin which is issued semimonthly.

The policy regarding advancements in rating is based, in general, on the number allowed in any rating but the instructions issued by the Bureau of Naval Personnel modify that policy according to the exigencies of the service.

At present practically all advancements in rating may be made by commanding officers without reference to the Bureau of Naval Personnel. Advance-



ments awarded by flag officers of the fleet for meritorious conduct in action may be made without regard to complements or allowances. Similarly, men transferred for hospitalization as a result of enemy action who were in all respects qualified for advancement in rating at the time of their transfer may be advanced by commanding officers of hospitals and hospital ships upon recommendation of the commanding officer of the command from which they were transferred.

Unlimited advancements in certain ratings are authorized at present but the ratings in which this is allowed are subject to change. The ratings of hospital apprentice, second, and first class, and pharmacist's mate, third, second, and first class, are currently included, and accordingly candidates who are in all respects qualified for these ratings (candidates for pharmacist's mate, first class, must also be qualified for independent duty) may be advanced by commanding officers whether or not local vacancies exist in the ratings concerned. It is necessary, of course, that men advanced not merely pass an examination but that they have in fact demonstrated their practical aptitude for the particular rating to which advanced in the normal course of their regular duties. This must be borne in mind when contemplating advancements to ratings not included in the regular complement of vessels or activities concerned. Most careful consideration must be given to all advancements, particularly to the higher ratings.

#### TRAINING COURSES.

Navy Training Courses for use in preparation for advancement in rating are issued by the Training Division of the Bureau of Naval Personnel. The training courses available are listed in the Instructions for Enlisted Training, formerly called the Yearbook of Enlisted Training, and changes in the list of those available are published from time to time in the Bureau of Naval Personnel Bulletins. In the interest of training efficiency, full use must be made of the training courses available. Completion of training courses where prescribed as a requirement for advancement may be waived at discretion by commanding officers in Forces Afloat, provided the candidate meets other qualifications. Completion of training courses also is waived if they are not available for issue. When service school requirements are waived, completion of training courses is considered essential.

A petty officer must be first, a leader, second, a specialist, and therefore candidates for advancement to petty officer ratings are required to qualify by examination in the appropriate General Qualifications for Petty Officers as prescribed by article D-5202, Bureau of Naval Personnel Manual. To prepare for this examination such candidates should take the General Training Course for Petty Officer 3c and 2c or the General Training Course for Petty Officer 1c and Chief. Completion in detail of items thereunder will not be required. It is recognized that normally a candidate's military and general qualifications for the various petty officer grades in each branch can best be determined by observation during the course of his regular duties.

## CONDUCT AND PROFICIENCY MARKS.

To be eligible for advancement, a candidate's conduct and proficiency marks, at present, must be as follows:

For change of rating to hospital apprentice, second class (HA2c): No set requirements as to marks.

For advancement to HA1c, PhM3c, and PhM2c: Conduct 4.0 for three months and proficiency above 3.0 for three months.

For advancement to PhM1c: Conduct 4.0 for three months and no mark less than 3.0 for nine months; proficiency, average of 3.5 or higher for nine months.

For advancement to chief pharmacist's mate, acting appointment: Conduct 4.0 for six months and no mark less than 3.0 for one year; proficiency, average of 3.5 or higher for one year.

For permanent appointment as chief pharmacist's name: Conduct 4.0 for one year; proficiency, no mark less than 3.5 for one year.

## EXAMINATIONS.

Professional examinations of candidates for advancement to the rating of chief pharmacist's mate and pharmacist's mate, first class, shall normally be written, as prescribed in the Bureau of Naval Personnel Manual, but questions and answers are not required to accompany the report of examination, Navpers 624, to the Navy Department. Recommendations for advancement shall always be accompanied by completed forms Navpers 624. In the case of Hospital Corps ratings the form is forwarded via the Bureau of Medicine and Surgery and an additional copy of it is required for that bureau. All data required by the form must be entered when submitted, except that at present the form is not required for ratings of pay grade 3 (pharmacist's mate, second class) and below. When examination reports are not submitted, the following statement must be included in the commanding officer's entry recorded on page 9 of the service record: "Qualified in all respects for this advancement in accordance with the requirements of Bureau of Naval Personnel Manual and current instructions." Examining boards for all ratings below those in pay grade 1 shall consist of any three officers, U. S. N. or U. S. N. R., provided the boards as composed are fully competent to determine the candidate's qualifications for the ratings concerned. When practicable, at least one member shall be an officer with two years' active service and in the case of Hospital Corps ratings at least one medical officer shall be included in the membership. No member of examining boards for chief petty officer ratings shall be below the rank of lieutenant (junior grade), at least one member must not be below the rank of lieutenant and, if practicable, such boards should be detailed from a ship or station other than that to which the candidate is attached. In the case of chief pharmacist's mates the examining board should, whenever practicable, consist of three medical officers, or of two medical officers and one Hospital Corps officer, but in every case, however, at least one member must be a medical officer.

## HOSPITAL CORPS REPORTS.

There are two general reports of the Hospital Corps, the Receipt, Transfer, and Disposition Card and the Roster Report of the Hospital Corps. The first of these is designated as Navmed HC-3 and the red half of this card, that portion with the word "Receipt" underlined, is filled out and forwarded to the Bureau of Medicine and Surgery whenever a new member of the Hospital Corps is received on board. The black half of the HC-3 card, that portion with the words "Transfer and Disposition" underlined, is submitted whenever a member of the Hospital Corps is transferred away. Care should be taken when submitting this card to record special qualifications, to mark these qualifications, and to give any pertinent information about the individual which may be of assistance in determining future assignments for him. The back of this half of the card has spaces for marking the individual in application, cooperation, dependability, energy, and personality and for the signature and rank of the medical officer. Careful consideration must always be given to the fairness and accuracy with which these marks are accorded.

The Roster Report of the Hospital Corps, designated as Navmed HC-4, is submitted to the Bureau of Medicine and Surgery once each month or quarter. This report provides current information as to the enlisted Hospital Corps status of the ship or station, and how well its requirements for Hospital Corps personnel are being met. While the preparation of this form is largely self-explanatory, reference always should be made to Circular Letter M-7 dated January 1, 1941, Appendix D, Manual of the Medical Department, for complete instructions regarding its preparation.

## HEALTH RECORDS.

### PURPOSE.

The purpose of the health record, designated as Navmed H in the lettered forms of the Bureau of Medicine and Surgery, is to provide a continuous and readily accessible record of the individual's personal characteristics, physical examinations, vaccinations and inoculations, and laboratory tests and examinations, and a history of his or her disabilities while in the naval service. The health record is a public record of an executive department of the Government and in it are recorded facts pertaining to certain aspects of the relations between the Government and the individual and vice versa. It is therefore important that it be accurate and complete, for on the information contained therein, especially on the medical history sheets, may be based decisions (1) on claims against the Government for pensions, domiciliary care, etc., (2) as to fitness for appointment, promotion, and retirement, and (3) that affect the pay status of individuals, etc.

### OPENING AND CUSTODY.

Navy Regulations directs the issue of a health record for each person in the naval service and accordingly one is opened for every person who enters the naval service through appointment, enlistment, or reenlistment. (See pars. 2202, 2203, 2204, 2205, and 2206, Manual of the Medical Department.)



Regulations also directs that the health record shall be kept in the custody of the medical officer of the ship or station. When there is no medical officer it is usually assigned to the custody of the representative of the Medical Department. The individual's full name, rank or rate, and date and place of birth should be entered on each sheet in the record.

#### TERMINATION AND DISPOSITION.

Whenever an individual's naval service ceases for any reason the health record is closed out and completed in accordance with current instructions in the Manual of the Medical Department or other official directives. Navy Regulations directs that upon the completion of a health record it shall be forwarded to the Bureau of Medicine and Surgery. In the case of men reenlisting immediately only the old physical examination sheet and the medical history sheets are forwarded, all other sheets being inserted in the new health record that is opened.

#### ENTRIES.

Navy Regulations provides that health records shall be subject at any time to the inspection of the commanding officer and of the fleet surgeon and the Manual of the Medical Department directs that, except for such inspection, health records are to be considered confidential. The information contained in the health record is of a personal, official, and confidential nature and unless required for official purposes should not be furnished to anyone without the written authorization of the individual concerned. (See art. 113, Navy Regulations.)

The entries in health records are intended to supply for future contingencies a succinct recital of events from which a clear reconstruction of the situation can be formed in the mind of the reader, and they should present a story so plain, so complete, yet without verbosity, that anyone can readily understand why a diagnosis was made, why a particular method of treatment was followed or a specific operation was necessary. The entries need not be voluminous but they should be thorough, clearly phrased, and complete, and faithful compliance with current regulations and instructions will be of benefit both to the individual and the Government.

In the event that an entry made in a health record is subsequently found to be erroneous that entry may not be stricken from the record but an additional entry should be made showing wherein and to what extent the original entry is in error. The health record is a public record and an entry in a public record, whether correct or erroneous, thereby becomes a fact which may not be destroyed, but if in error such additional entry or entries may and should be made as are necessary to show the nature of the error sought to be corrected. (See par. 2286, M. M. D.)

The physical examination sheet (Navmed H-2), often called the descriptive sheet, should contain a complete and accurate record of the physical examination conducted at the time the individual enters the naval service, and any

defects noted or waivers granted should be carefully recorded. As the entries on this sheet are very important for purposes of identification the location of marks and scars should be distinctly shown on the outline figures and a print of the index finger also made. This sheet is prepared in duplicate in all cases except of registrants who are inducted into the Navy for whom the salmon-colored copy of DSS Form 221 is forwarded to the Bureau of Medicine and Surgery in place thereof. A new physical examination sheet (descriptive sheet) is prepared: (1) For all persons on entry into the naval service; (2) For all persons reenlisting; (3) For all enlisted personnel appointed to officer rank; and (4) For all officers on permanent promotion. The old physical examination sheet of officers permanently promoted shall be forwarded annually to the Bureau of Medicine and Surgery. Temporary appointment or temporary promotion does not require preparation of a new physical examination sheet (descriptive sheet). In cases of temporary appointment or temporary promotion the rank to which temporarily appointed or promoted shall be entered on the health record cover, and the same entry with the place and date thereof shall be entered on the medical abstract sheet, the dental record sheet, and a medical history sheet. Appropriate entries are to be made on revocation of temporary appointments. On termination of service the reason for separation should be entered in the space provided on the back of the physical examination sheet, and any defects noted at that time carefully recorded.

Entries are made on medical history sheets (Navmed H-8) when an individual is placed on the sick list for illness or injury, receives treatment for a minor ailment not requiring admission to the sick list but of which a record is considered desirable, is given a physical examination for appointment, promotion, transfer, to determine fitness for certain types of duty, etc., and such entries should be complete and signed by the medical officer by or for whom they were made. In cases of illness or injury occurring while on leave or on detached duty that are treated by a civilian physician a report thereof should be obtained and entered on these sheets. The medical history sheets of officers and nurses shall be removed from the health record and forwarded annually to the Bureau of Medicine and Surgery.

For further information reference should be made to Chapter 14 of the Manual of the Medical Department.

## **MEDICAL SURVEY.**

### **PURPOSE.**

The purpose of a medical survey is, by careful examination, inspection, and study, to ascertain the present physical and/or mental condition of a patient, to estimate the present and probable future value of the patient to the naval service, and to make suitable recommendation as to the disposition to be made of the patient.

#### WHEN REQUIRED.

A medical survey is required:

(a) When any person is considered unfit for further duty because of ill health or injury;

(b) When any person has been on the sick list continuously for three months;

(c) When transfer of a patient from one hospital to another for further treatment is considered advisable;

(d) Before an officer undergoing treatment at a naval hospital for a severe or possibly incapacitating condition that might militate against his selection for promotion is returned to duty;

(e) When, in the case of an officer, transfer to a hospital and detachment from the ship are believed advisable;

(f) When transfer to a distant station or hospital is involved; and

(g) When it is desirable to establish the origin of a disability, to obtain an opinion as to the nature of a case, or to determine the fitness of an individual for duty.

No person shall be surveyed who has not been placed on the sick list as a patient and is carried as such thereon.

A medical survey is not required for hospitalization in a nearby naval hospital or hospital ship and, as a rule, should not be requested afloat for the purpose of invaliding from the service.

When the medical officer of a ship or station considers it necessary to hold a medical survey on personnel a letter requesting the medical survey (which may embrace any number of cases) shall be prepared and addressed to the commanding officer who, if he approves the request, forwards it to the commander in chief, division commander, or senior officer present, or on shore stations to the commandant, who appoints the board.

#### COMPOSITION OF BOARD.

Navy Regulations directs that a board of medical survey shall consist, when practicable, of three medical officers and also provides that two will suffice if it be inconvenient to detail three and that in extreme cases, or on board a ship on detached service, the survey may be held by the medical officer of a ship.

#### REPORT.

After a board of medical survey has met and conducted its survey of a patient its report is prepared, as directed in Navy Regulations, in conformity with the instructions given and on the form prescribed in the Manual of the Medical Department.

An original and three copies of such report are required and they are forwarded as directed in paragraph 3423 of the Manual of the Medical Department.



The board shall state whether, in its opinion, the disease or injury is or is not due to the patient's own misconduct.

The line of duty status shall be determined and stated in all cases brought before a board of medical survey with a view to discharge from the service and in cases where the disease or injury is held to have been incurred NOT in the line of duty, a signed statement from the patient regarding the origin of the disability shall be *attached* as a separate paper to each copy of the report of medical survey. In all cases held NOT in line of duty because of having existed prior to enlistment a statement that the condition has or has not been aggravated by service shall be made.

#### RECOMMENDATIONS.

The recommendations made by the board include transfer to hospital, to sick leave, to appear before a retiring board (officers only), to continue treatment, invaliding from the service, etc. Return to limited duty may be recommended if an injury was incurred in the line of duty.

*Sick leave* is granted only on the approved recommendation of a board of medical survey and is recommended, generally, to promote convalescence after prolonged hospitalization. Ordinary leave of absence, granted with the intention of providing the physical benefits of rest, relaxation, and vacation is not sick leave, and should not be confused therewith.

No person shall be discharged from the service for physical disability except upon the recommendation of a board of medical survey.

No patient who has been surveyed will be disposed of until the activity submitting the report has been informed by receipt of the returned copy, or other official notification, of the action taken by the Navy Department on the report, except when specific authority to act thereon has been delegated to certain commanding officers or commandants.

In any case where invaliding from the service for a mental infirmity is recommended the board shall state its opinion that such disposition will not constitute a menace to the individual surveyed or to the public safety, and that the individual is not likely to become a public charge. In the event the board is of the opposite opinion it shall recommend transfer to an institution for the care of the mentally ill. When a patient with an infectious disease of disabling nature is recommended for discharge from the service a statement should also be made that the person is unlikely to constitute an unusual menace to the public health or to become a public charge.

For members of the U. S. Naval Reserve or the U. S. Marine Corps Reserve who are discharged upon recommendation of a board of medical survey it is not necessary to prepare Navmed Y as it is in the cases of those who are "released from active duty" for any cause and prior to release must be given a careful physical examination and all departures from normal noted. The report of such examination shall be entered on Navmed Y and the form marked "Release from Active Duty" and forwarded to the Bureau of Medicine and Surgery direct.

## GENERAL DUTIES OF MEDICAL OFFICERS AFLOAT

### COMMISSIONING SHIP.

Prior to going into commission, the medical officer ordered to duty in connection with fitting out should examine all medical department spaces and accommodations. Defects and deficiencies noted should be reported to the commanding officer in writing and a copy forwarded to the Bureau of Medicine and Surgery via official channels.

### VERIFICATION OF RECORDS.

As soon as possible after commissioning, the entire crew should be examined to verify the descriptive lists and health records, and to ascertain if all the members are physically qualified to perform the duties which will probably be required of them. Prophylactic vaccinations and blood typing should be accomplished for all those whose records are not up to date in these requirements.

### FOOD AND WATER.

The medical officer or a representative of the medical department is required to inspect as to their quality all fresh provisions delivered to the ship or to be used by an authorized mess. He shall also inspect cooking or drinking water from shore, and articles of food or drink offered for sale by bumboats before any of these are received on board.

### CELLS AND PRISONERS.

The cells and other places of confinement, as well as the prisoners, are to be inspected by the medical officer and this should be done daily if necessary.

### DAILY REPORT OF SICK.

A list of all the sick, showing names, diagnosis, and condition is required by Navy Regulations to be submitted by the medical officer to the commanding officer daily by 1000. This list is submitted on Navmed T, designated as the Morning Report of Sick.

A list of all those recommended to be excused from duty, either wholly or in part, is required by Navy Regulations to be submitted by the medical officer to the commanding officer daily by 0930. This list is submitted on Navmed S, designated as the Binnacle List, with copies for the officer of the deck and for each department in large ships. Additions to the Binnacle List may be made throughout the day with the commanding officer's permission. Such permission is obtained by telephone or memorandum to the executive officer or officer of the deck. The names of such additions, if still unfit for duty the following morning, are added to the Morning Report of Sick. In general, the Binnacle List and Morning Report of Sick correspond except that the former does not show diagnoses and may include some men not shown on the

Morning Report of Sick (those excused from duty for a period less than twenty-four hours).

Whenever an individual is disposed of from the sick list, either afloat or ashore, an Individual Statistical Report of Patient, Navmed F (card) is to be prepared and forwarded to the Bureau of Medicine and Surgery.

### TRANSFER OF PATIENTS.

Subject to approval by the commanding officer, patients may be transferred to a hospital at any time on recommendation of the medical officer. A patient should be accompanied by his health record and a Hospital Ticket, on which the patient's personal effects are accurately inventoried. Patients should be carefully prepared for transfer and in serious cases accompanied by a medical officer, if practicable.

### EMERGENCIES.

#### GENERAL QUARTERS.

The final objective of all units is battle which is the most serious of all actual or simulated emergencies. In preparation for the emergency of battle and to attain battle efficiency all hands must be trained in the part they must take in battle. To test the efficiency of the training received battle exercises are regularly held and the conditions of actual battle are simulated. Battle exercises are commonly known as "General Quarters" and the term is used to refer to either training or to actual combat.

*Clear ship.* "General Quarters" is preceded by the evolution of *clear ship* in which the ship is cleared for battle by the removal of all material that is not essential to the fighting of the ship and which, if left on board, might be the cause of fire and of casualties to personnel. This evolution usually is divided into two stages termed respectively "strip ship" and "clear ship for action." A ship is "stripped" when war is impending and it is done by putting on shore all loose and inflammable articles and furnishings. Articles considered essential for daily use on board ship may, however, be retained until action with the enemy is imminent. When action with the enemy is imminent a ship is "cleared for action" by stowing any loose and inflammable articles still on board below decks or behind armor so as to provide against fire and splinters and insure uninterrupted service of the batteries, throwing them overboard, etc.

*Readiness for action.* During war a ship is at all times in some condition of *readiness for action*, depending upon the requirements of the existing situation. These conditions of *readiness for action* concern both material and personnel, are designated as "Condition One," "Condition Two," or "Condition Three," and one or another is always present in "General Quarters."

In the different readiness-for-action conditions the material condition of the ship varies somewhat and is indicated by letters instead of numerals. Thus in "Condition A (or Afirm)" all hatches, doors, ventilating ducts, etc., are closed in order to obtain the maximum possible watertight and gas tight integrity and this material condition, in a major engagement, almost invariably accompanies



and is synchronous with the personnel condition in which all hands are at their battle stations. Material "Condition A" may be modified to material "Condition B (or Baker)" by opening certain doors, hatches, blowers, etc., thereby making battle stations more habitable because of more artificial and natural ventilation, and it may be further modified by additional relaxation of material closures especially during war cruising in tropical climates.

In "Condition One" the entire crew, officers and men, is at battle stations, and there is complete readiness for action in all respects. This condition is taken if reports of enemy movements indicate that action is possible; when a ship is proceeding to sea and before it has passed the last antisubmarine net or barrier and is maintained until a different condition of readiness is signaled or as previously directed by specific orders; and immediately the enemy is sighted or reported in sight by a vessel in the vicinity. During "Condition One" with its accompanying material "Condition A," movement of personnel about the ship is extremely restricted and communication with different parts of the ship is possible only by means of telephones.

In "Condition Two" approximately one-half of the crew is at battle stations, the ship in all other respects being ready for action and prepared to pass promptly in "Condition One." This condition is taken when the visibility is below six miles in daylight or, at night, in an area within which enemy surface vessels may be encountered but no reports of the enemy have been received. Meeting the enemy while in this condition will be in the nature of a surprise. This personnel condition frequently is accompanied by material "Condition B" in which general conditions are more comfortable and physical communication throughout the ship is possible on a restricted basis.

In "Condition Three" approximately one-third of the crew is at battle stations for four-hour watches and the ship otherwise is in readiness for action. This condition is used day and night when cruising in an area within which contact with enemy surface ships is improbable, unless another condition of readiness has been prescribed.

*Damage Control.* A naval vessel is built, equipped, and manned for the purpose of inflicting damage upon an enemy and, as the purpose of the enemy is the same, it is probable the opposing forces will both receive material damage in an engagement. To minimize the damage inflicted on the ship by an enemy provision is made in the ship's battle organization for a battle function termed *damage control*, which is directed from the central station of the ship's interior communication system. Mobility and floatability of the ship being essential to the maintenance of effective fire by the ship's batteries, *damage control* necessarily devotes much attention to the watertight and gastight doors and hatches by which a ship is divided into compartments and its watertight and gastight integrity is maintained.

In an engagement material damage to a ship will seldom occur without concurrent damage to personnel, for whose care the medical department is responsible. But because the majority of medical department personnel is at the

battle dressing stations which are usually located in compartments shut off from the rest of the ship, the wounded must remain where they are until such time as modification of the tightly-closed condition of the ship permits their removal to a battle dressing station. In the interim their care is dependent upon the first-aid knowledge of their companions in the damaged compartment. As soon as the situation warrants relaxation of the material condition of the ship, damage-control repair parties proceed to damaged compartments to make such repairs to material as are possible and stretcher bearers begin to move the wounded. Hospital corpsmen accompany repair parties to direct and assist in first aid and in transportation of the wounded.

*The Medical Department at "General Quarters"*. During "Condition One" officers and men of the medical department man the battle stations to which they are detailed, most of them being assigned to battle dressing stations. There are usually two battle dressing stations equipped behind armor and located, when possible, one forward and one aft. Some ships have a third such dressing station located amidships and in a carrier there may be a fourth. When a carrier has four battle dressing stations the main station frequently is in the sick bay, another large and well-equipped one may be located just below the flight deck to care for personnel who may be injured on the flight deck or in the island, and the other two usually are located on the damage-control deck, one forward and the other approximately amidships.

Under the conditions of an actual engagement and when "Condition A" must be maintained it is obviously impossible for medical department personnel to get about the ship to attend the wounded. During minor lulls in the battle it may be possible to relax somewhat the condition of watertight integrity to enable the wounded to find their way or to be carried to the battle dressing stations.

It is the duty of the medical department in battle first to give such attention to the wounded as will permit those who are able to return promptly to their stations at the guns or elsewhere to continue fighting the ship, and then to render such aid along humanitarian lines as conditions will permit.

Before going into battle, provision must be taken to insure that each battle dressing station is adequately supplied with surgical instruments, dressings, morphine, plasma, materials for the treatment of burns, sterilizing equipment, water in tanks, etc. Provision also must be made for emergency lighting in case the ship's lighting or battle lighting circuits should fail. Arrangements also should be made to have considerable space adjacent to each battle dressing station cleared and available for the placement of wounded awaiting treatment or after treatment has been administered.

The foregoing necessarily is subject to considerable variation and amplification, for each ship has its own battle bill and organization which should be studied and understood by the ship's medical officer before preparing the battle organization for the medical department.

It is advisable to have the personnel of the medical department well dispersed about the ship so that in the event one portion of the ship is severely damaged

only a part of such trained personnel will be lost. This can be accomplished largely by distributing the personnel nearly equally in the battle dressing stations. If there are sufficient hospital corpsmen available one of them should be assigned to each damage-control repair party because where there is severe material damage there will be injured personnel.

Medical department supplies and equipment should be well divided between the battle dressing stations and, in addition thereto, as great a dispersion of first-aid material throughout the entire ship as is practicable should be obtained. This can be accomplished by equipping large numbers of small first-aid boxes with battle dressings, treatment for burns, sulfa powder, and morphine syrettes. Larger quantities of first-aid equipment should also be available in a considerable number of locations in accessible places on each deck. This material may be placed in boxes or any other available receptacles which should never be locked.

#### **FLIGHT QUARTERS.**

On a carrier, whenever aircraft are landing on board or taking off, a medical officer and hospital corpsmen equipped to render immediate first aid are on hand in a relatively protected area adjacent to the flight deck.

#### **FIRE.**

In case of fire the personnel of the medical department assembles at the sick bay and makes preliminary provision for the removal of the sick with life preservers adjusted. Openings capable of creating a draft should be secured. Valuable records should be assembled and prepared for salvage. Inflammable liquids should be removed to a place of safety or, if necessary, thrown overboard. One stretcher party in charge of medical department personnel should proceed immediately to the scene of the fire.

#### **COLLISION.**

Personnel of the medical department should see that life preservers are placed on all patients, that preparations are made to transport them to proper stations on the upper deck, and that arrangements are made to assemble and to salvage valuable records.

#### **FIRE AND RESCUE PARTY.**

The fire and rescue party may be called away to assist in combating fire on another vessel or on shore, to prevent the spread of flames to shipping, to render assistance on shore, or to rescue people from a vessel in distress. A junior medical officer and a hospital corpsman equipped with the proper medical outfits accompany the fire and rescue party.

#### **ABANDON SHIP.**

Should it become necessary to abandon ship, it is the obligation of the medical officer to assure himself that the men in his division and all patients are provided and fitted with life preservers, that they find their way to their proper stations on the upper deck, that patients are assisted into boats, or, if there are no boats, that the best flotation means is placed at their disposal. Where boats are carried, provision should be made for passing out boat boxes containing first-aid equipment from the storeroom. Every effort should be made to salvage important records.



## LANDING FORCE.

There is maintained by each combatant ship, each division of ships, each force, and each fleet a permanently organized landing force composed of rifle, machine gun, 37-mm. gun, 81-mm. mortar, artillery, and other units. The landing force of a ship of the first rate normally consists of a battalion and one of the units included in it is the medical section (commonly called the ambulance party) which is in charge of the battalion surgeon, usually one of the ship's junior medical officers. In addition to the eight hospital corpsmen prescribed for a battalion, litter bearers are provided from among line personnel, usually two per each one hundred combatants. One litter is provided for each two bearers. Hospital corpsmen carry Hospital Corps pouches and each man of the ambulance party wears on the left arm a white brassard bearing a red cross. Special field medical and surgical units described in part II of the Supply Catalog are available for landing force employment if indicated by the nature of the operation. Such medical equipment is arranged in waterproof packs weighing about 35 pounds and is carried on the backs of hospital corpsmen. The mission of the medical department personnel with the landing force is:

- (1) To treat the wounded;
- (2) To evacuate the seriously sick and injured. Wounded are collected and transported from the front line to the beach, where they are received by medical department units afloat. Ships function as base hospitals; and
- (3) To supervise camp sanitation:
  - (a) Water from questionable sources must be boiled or chlorinated (calcium hypochlorite and Lyster bag).
  - (b) Fresh food should be eaten only if thoroughly and recently cooked.
  - (c) Latrines should be placed to leeward at least one hundred yards from galley and mess tent, and at least seventy-five feet from the nearest tent.

For full information regarding the duties of the medical department of a landing force reference should be had to sections 1 and 2 of chapter 10, Manual of the Medical Department, U. S. Navy, and chapter 23 of the Landing Force Manual, U. S. Navy.

## MARINE CORPS EXPEDITIONARY FORCE.

A Marine Corps Expeditionary Force is a larger scale, more permanent, combatant and occupying force. Hence, such a force carries more complete medical department facilities, even to fully equipped and specially staffed base hospitals. *Medical attached troops*, however, have much the same function as if attached to a landing force when actually in action against an enemy. Necessary items of individual equipment are issued by the Marine Corps Quartermaster to medical department personnel serving with Marines in the field or in training for such service. This equipment includes clothing for hospital corpsmen but *not* for officers. Medical officers will find it impracticable to wear the naval uniform, except the khaki working uniform, with Marine expeditions.

## DEATHS AND CASUALTIES

### DESPATCH AND LETTER TO SECRETARY OF THE NAVY.

When a death occurs an immediate report by despatch shall be made to the Secretary of the Navy. The full report of death, by despatch, contains the following information concerning the deceased:

1. Full name;
2. Rank or rating and service number;
3. Branch of service;
4. In the case of a reservist, whether or not on active duty;
5. Date, place and cause of death;
6. Line of duty and misconduct status;
7. Full name and relationship of next of kin;
8. Address of next of kin;
9. Whether or not next of kin has been notified;
10. What disposition has been or will be made of remains, or where the remains are being held;
11. Pay per month;
12. Full name and address of beneficiary;
13. Whether or not the deceased carried United States Government life insurance, and date to which premiums have been paid.

Original despatches relating to casualties shall contain only the full name, rank or rating, and service number of the casualty as appropriate, type of casualty, using nomenclature outlined in ALNAV 13 (1942) (i. e. Killed in action, Died of wounds or injuries received in action, Missing in action, Wounded in action), and date. An amplifying letter report to include all existing requirements of casualty reports shall be forwarded by airmailgram, with a copy to the commander in chief or senior officer present. It shall state the date, place, nature and cause of the injury; and list the names in full (surname first), rank or rating; diagnosis (from nomenclature), prognosis (fatal, probably fatal, serious, favorable), and disposition (died, retained on board, transferred to). Each case shall be separated from the preceding by a line.

## TELEGRAM TO NEXT OF KIN.

The following is a typical form telegram addressed to next of kin:

"DEEPLY REGRET TO ADVISE THAT YOUR SON AVCAD JOHN DOE USNR DIED TODAY (*DATE*) OF INJURIES SUSTAINED IN AIRPLANE ACCIDENT X TELEGRAPH NAVAL HOSPITAL PENSACOLA FLORIDA IMMEDIATELY WHETHER YOU DESIRE BODY BURIED LOCALLY OR SENT HOME X BURIAL CAN BE MADE BY NAVY WITH MILITARY HONORS IN BARRANCAS NATIONAL CEMETERY PENSACOLA FLORIDA OR FORWARDED TO ANY NATIONAL CEMETERY YOU DESIGNATE X IF INTERRED LOCALLY BY NAVY ALL EXPENSES WILL BE PAID X IF SENT HOME EXPENSES PREPARATION ENCASEMENT AND TRANSPORTATION WILL BE PREPAID AND REASONABLE NECESSARY FUNERAL EXPENSES NOT EXCEEDING FIFTY DOLLARS REIMBURSED ON APPLICATION TO THE BUREAU OF MEDICINE AND SURGERY NAVY DEPARTMENT WASHINGTON D C X ESCORT OF ONE PERSON WILL ACCOMPANY REMAINS HOME AT GOVERNMENT EXPENSE IF REQUESTED BY YOU. (In case of Marines substitute Headquarters, Marine Corps for Bureau of Medicine and Surgery.)

The foregoing despatches are often prepared by the medical officer but always for release by the commanding officer. If death occurs at sea or outside the continental limits of the United States, the Navy Department will notify the next of kin.

## RECORDING OF DEATH.

When a death occurs the commanding officer is required by Navy Regulations to have the name and rank or rating of the deceased entered in the log book, with a statement as to the exact time and cause of death. The medical officer of each ship and shore station shall furnish the proper official with a memorandum report of each death in the command for entry in the official log, which report shall include the name, rank, or rating and the exact time and cause of death when they can be determined.

## DEATH OCCURRING WHILE ON LEAVE.

When an officer, nurse, or enlisted man of the Navy or Marine Corps dies while on leave, or in a civilian hospital at home or abroad, or under other circumstances where the services of a medical officer of the Navy are not available, the medical officer of the ship or station to which the deceased was attached shall obtain a certificate of death from the proper civil authorities. The medical officer shall then prepare the certificate of death (Navmed N) and forward it to the Bureau of Medicine and Surgery together with the supporting papers. It is the duty of any medical officer having knowledge of a death which appears not to have been reported to notify the Bureau of Medicine and Surgery, giving such facts as may be in his possession.



## IDENTIFICATION.

Whenever a body is found with an identification tag on it, a rolled impression of the right index finger shall be taken and compared with the impression on the tag in order that the identity of the body may be positively established. The skin on the fingertips of bodies which have been recovered from the water will be greatly wrinkled or shriveled so that without some treatment the making of satisfactory fingerprints may be difficult and even impossible. This may be overcome by injecting water with a hypodermic syringe beneath the skin of the bulb of the finger to smooth out the skin for the impression.

Cases have occurred in which, by reason of similarity of names and subsequent transfer with wrong service records, the identity of a deceased person has been erroneously established. Fingerprints shall invariably be taken and compared with the prints found in the service record and health record.

## POSTMORTEM EXAMINATION AND AUTOPSY.

In all cases of death occurring in the Navy under unnatural or suspicious circumstances, or where the cause of death is obscure and not apparent, and a decision as to the origin affecting pension or gratuity is involved, the medical officer shall recommend to the commanding officer such postmortem examination or autopsy as may be required in determining the exact cause of death. In all such cases, the autopsy must be performed in a manner requiring no more disfigurement of the body than is necessary to obtain the evidence necessary. The results of all autopsies shall be fully recorded in the certificate of death and health record.

## CLOTHING AND ENCASEMENT.

Whenever practicable, each body shall be dressed in a clean, presentable, and complete (except for cap and shoes) uniform of the proper rank or rating. A cap may be placed inside the casket. When a body is sent to a hospital or hospital ship for embalming and further disposition, a suitable uniform for burial shall be sent with it. Navy or Army standard caskets, when available, shall be used for transportation of remains of officers and enlisted men. This requirement is not to be construed to prevent the use of caskets supplied by contractors under the annual contracts of hospitals and stations for local burial or transportation of remains within the continental limits of the United States where the use of such contract caskets is economically justified.

## BURIAL AT SEA.

Navy Regulations directs that when a death occurs at sea or in a port outside the continental United States the remains, whenever practicable, shall be embalmed and retained on board awaiting instructions regarding the disposition of the body, and that burial shall *not* be made in a foreign port or at sea, in advance of receipt of such instructions, except when preservation or retention of the body is impossible. Following a battle, however, the number of dead may exceed the facilities of a ship for proper embalming and preparation of

the remains, and under such circumstances the advisability of burial at sea must be considered. For the duration of the war local interment is directed for those who die or are killed overseas.

### RELATIONS WITH CORONER.

A coroner is not authorized to hold inquests on the bodies of persons dying at a place within the exclusive jurisdiction of the United States but he may be permitted to enter such place to hold inquests on the bodies of unknown persons found washed upon its shores or floating in the neighboring waters, or upon the bodies of persons dying as a result of criminal acts committed upon them outside the reservation. Deaths from violence which occur ashore outside of naval reservations are technically coroner's cases, and in such cases bodies should not be moved until they have been viewed by him or until his permission has been obtained. However, in the vicinity of air stations where deaths from airplane crashes occur in comparatively inaccessible places, it is decidedly inconvenient and at times quite impracticable for the coroner to view these bodies before their removal without entailing undue delay. It is possible in most instances and certainly advisable to have a predetermined understanding with the coroner that bodies of naval personnel who die as a result of airplane crashes may be removed without prior notice to him. In all such cases the coroner should be promptly notified by telephone as soon as possible, giving all the attendant circumstances.

### CERTIFICATE OF DEATH.

The Navy's certificate of death is known as Navmed N. The original and two legible copies of the certificate are required to be mailed to the Bureau of Medicine and Surgery. Unless a State death certificate is also prepared, one copy will be required to accompany the body. In a fleet, an additional copy is prepared for the Commander in Chief. A file copy is retained. The causes of death should be accurately determined, and all means available for this purpose should be used, including postmortem examinations. Autopsy findings shall be entered on the certificate in all cases. The causes of death, both principal and contributory, shall be stated in the terms of the Diagnostic Nomenclature for the Medical Department of the U. S. Navy with diagnosis numbers and key letters in cases of injury.

In cases where the death is obvious and the body has not been recovered, the certificate shall be prepared and forwarded to the Bureau of Medicine and Surgery with the words "Body not recovered" entered on line 11.

In cases of disappearance where death has not been definitely established, a certificate shall not be prepared until final action has been taken by the Navy Department in the case.

In cases where the misconduct and line of duty status have not been established, enter "Undetermined" on line 10. Otherwise, the misconduct status shall be stated in every case.

The summary of facts relative to the death shall contain pertinent facts concerning the origin (misconduct) of the disability causing death; important

diagnostic data, antemortem and postmortem, if autopsy is held; character and date of operations; duration and principal points in the course of the fatal disease, injury, or poisoning; and other facts supporting the statement of cause of death.

"Disposition of remains" refers to the disposition of the body made by the ship or station to which the deceased was attached. Do not hold the form until the final disposition or place of interment is known. If known, enter date and place of interment.

State whether or not a court of inquiry or a board of investigation will be held.

A rolled impression of the right index finger or of another finger if the right index is missing shall be made in the space provided on Form N.

In order that the identity of a body may be positively established, the rolled impression of the fingerprint shall be compared with the prints found in the service record. Further identification shall be made with personal characteristics, such as marks, scars, teeth, etc., noted in health record and service record.

All requests for copies of certificates of death shall be forwarded to the Bureau of Medicine and Surgery for action.

When a *Court of Inquiry* or a *Board of Investigation* is convened for the purpose of inquiring into or investigating and reporting upon the circumstances attending the death of any person in the naval service a medical officer customarily is detailed as a member of such court or board. The form of proceedings of such a court or board is outlined in chapter 10 of Naval Courts and Boards. The medical member will be required to report to the court or board whether or not in his opinion the performance of an autopsy is necessary in order to establish the cause of death. The court or board is required to state in its opinion in each case whether or not death occurred in the line of duty and whether or not it was the result of misconduct on the part of the deceased.





## LINE OF DUTY AND MISCONDUCT STATUS

Pensions, compensation, medical attention, hospitalization, institutional care, and other rights and privileges provided by law for service and ex-service personnel and their dependents are, in most instances, contingent upon death or disability incurred in the line of duty. Also, compensation, pensions, or other benefits cannot be awarded in many instances until the line of duty or the misconduct status of a death or a disability has been definitely and legally determined by proper authority.

### LINE OF DUTY.

In an opinion rendered in 1855 the Attorney General of the United States stated that since 1799 the phrase "in the line of duty" has been uniformly used in the statutes of the United States in defining the right to pensions, that it is an apt one, to denote that an act of duty performed must have relation of causation, mediate or immediate, to the wound, the casualty, the injury, or the disease producing disability or death. He also stated in the same opinion that to determine the right of pension, the question is not whether, when the cause of disability or death occurred, the party was on duty or not, in active service, or on furlough or leave, in arrest or not, but whether, in any of the possible conditions of service, the cause of disability or death was appurtenant to, dependent upon, or connected with, acts within, or acts without, the line of duty.

Consequently, "to constitute line of duty the person must be in active service, but it is not material whether he is on active duty, on furlough, leave of absence, or under arrest. It is, however, material whether the injury was due to his own wilful misconduct, 'wilful' in this connection being distinguished from mere acts of negligence or unintentional or ignorant infractions of duty, or was due to something which he was doing in pursuance of a private avocation or business. It is not line of duty if the injury grows out of relations not connected with the service or is not the logical incident or probable effect of duty in the service."

A precise definition of the phrase "in line of duty" is not practicable because, as stated in Naval Courts and Boards, there is no general rule and each case is decided on its own merits. Line of duty status is determined in each individual instance by the Judge Advocate General of the Navy, or by the Veterans' Administration.

The question of line of duty is one of law and fact and decisions relative thereto must necessarily be based principally upon the facts presented by

medical officers in the medical records. Determination of whether death or disability in a given case did or did not originate in line of duty depends upon whether the facts presented create a condition or situation coming within the legal definition of the term. It is therefore particularly important that medical records and medical histories be accurate and complete, not only so far as diagnosis, symptoms, treatment, etc., are concerned, but also with regard to the origin and the service connection of the death or disability.

All possible available information pertinent to the question of how and when a disability arose should be noted for consideration by those endeavoring to arrive at a proper decision under the law. Therefore all facts, including those which are peculiar to the science of medicine and surgery, particularly such facts as pertain to the nature of the disability, its probable duration, and the conditions affecting its recurrence, should be noted. No fact, however trivial, should be overlooked, and special endeavor should be made to ascertain all facts which might in any way bear upon the various angles of the question.

No expression of opinion concerning line of duty is required of medical officers making entries in health records, but as decisions regarding line of duty status are based upon the facts presented in these entries it is essential that they contain a complete and succinct statement of the facts involved.

Courts and boards investigating disease, injury, or death are required to express an opinion as to line of duty for the information of the Navy Department in connection with future determination which may become necessary and a medical officer may be called upon to give his opinion upon a question of line of duty. This he must necessarily do, in accordance with the provisions of Naval Courts and Boards, and in giving his professional opinion he should give it as a fact which is to be considered in a final determination of any case. But in giving such professional opinion he should avoid the use of the expression "line of duty."

If the line of duty status in a case of death has not been established the word "undetermined" shall be entered on line 10 of the certificate of death, Navmed N.

The line of duty status is to be determined in all cases brought before a Board of Medical Survey with a view to discharge from the service. If the disease or injury in such cases is held to have been incurred "not in the line of duty," a signed statement from the patient regarding the origin of the disability shall be attached to each copy of the report of medical survey. In all cases considered "not in the line of duty" because of the condition having existed prior to entry into the service, a statement shall be made in the report that the condition has or has not been aggravated by service. In preparing a report of medical survey all facts relative to the present history of the case, especially all facts and circumstances connecting the disease or injury with the performance of duty or exposure incident thereto, and a description of the existing disability shall be given. Facts which are not a matter of record or of personal knowledge to a member of the board, but which are based on the



man's own statement should be recorded as "according to the man's own statement." The statement of the patient in connection with the origin of the disease or disability must be weighed by rules governing evidence in general and shall be noted as accepted or rejected. This presentation of facts is necessary because the Navy Department has held that "the burden of proof lies with those who would show that an individual was suffering from a disease prior to his entry into the naval service," and "that in the absence of evidence rebutting the presumption that a man was physically sound at the inception of his active service, except as to defects officially recorded at that time, any disability discovered during his service in the Navy should be held to have originated in the line of duty unless it was due to his own willful misconduct, or was caused by something done by him in pursuing a private avocation or business, or was caused by something which grew out of relations unconnected with the service."

When an officer or enlisted man or other member of the naval service has passed the required physical examinations for admission therein, he must be accepted as being in sound mental and physical condition at that time, except in those cases where positive facts are presented showing that the disability complained of existed prior to his entry into the naval service. Under recent decisions, the presumption of soundness at time of entry into the service cannot be rebutted, except by actual facts pointing unmistakably to the conclusion that the disability complained of actually did exist prior to his admission into the naval service. In all cases where there is no affirmative evidence to the effect that the act complained of did not originate in the line of duty, the further presumption exists that the disability did arise in line of duty.

Under existing law the line of duty status has no bearing on the payment of the six months' death gratuity to certain dependents of Navy and Marine Corps personnel who die from wounds or disease while on active duty, but the disease or injury which caused death must not have been the result of misconduct.

### **MISCONDUCT.**

In addition to determining the line of duty status of disease, injury, or death it is necessary to determine whether or not it was or was not due to the misconduct of the person concerned. The misconduct status of any disability resulting in the admission to the sick list, the death, or the medical survey of a person in the Navy or Marine Corps must be determined, and medical officers making entries in health records, in certificates of death, or in reports of medical survey are required by article 1196 (1), U. S. Navy Regulations, to state specifically whether the disease or injury causing the disability was or was not due to the person's own misconduct.

Misconduct is defined in Naval Court and Boards, 1937, as "a violation of law or regulation; in short, an act for which the person could have been court-martialed." On page 389 of the Naval Digest, 1916 (a reference book

containing selected decisions of the Secretary of the Navy and opinions of the Judge Advocate General of the Navy and information in connection with them), are two quotations from court decisions which state: (1) "The term 'misconduct' implies a wrongful intention and not a mere error of judgment"; and (2) "In usual parlance misconduct means a transgression of some established and definite rule of action, where no discretion is left, except what necessity may demand; and carelessness, negligence, and unskillfulness are transgressions of some established but indefinite rule of action, where some discretion is necessarily left to the actor. Misconduct is a violation of definite law; carelessness, an abuse of discretion under an indefinite law. Misconduct is a forbidden act; carelessness, a forbidden quality of an act, and is necessarily indefinite."

It is plainly evident then that if a disability is due to one's own misconduct it must have been acquired in violation of some established and definite law or regulation and the laws and regulations most frequently violated by naval personnel are those which primarily concern the Navy.

Misconduct or violation of duty cannot be line of duty and in an opinion the Attorney General of the United States has stated: "It is conceded that if the cause of death intervene as the incident, or be the result, of any misconduct or violation of duty, as by drunkenness or other vicious course of life, or in the act of mutiny, desertion, or other breach of military obligations, then the party does not die by disease contracted, casualty occurring, or injury received while in the line of duty. No man, it is clear, is acting in the line of duty while the act he performs is a violation of his duty."

When the medical officer in charge of a case considers the disability to have been acquired due to misconduct, he is required by article 1196 (2), U. S. Navy Regulations, to "determine whether it is due to the effects of a disease, as distinguished from injury, which is directly attributable to and immediately follows the person's own intemperate use of alcoholic liquors, or habit-forming drugs, or to a venereal disease, and enter his findings in the health record."

The proper recording of all facts in regard to the misconduct status of a disease or injury is most essential as the facts so recorded may be vital factors in deciding the right of an individual to promotion, retirement, pension, civil-service employment, and other benefits, the payment of death gratuity and pension to a beneficiary, etc.

When a medical officer considers a disability to be due to misconduct it is of the utmost importance that he make a clear statement of the evidence in the case, with all pertinent facts. Such evidence shall include statements by the patient or others, previous medical history, clinical findings, and modern knowledge as to etiology. Verbal statements shall be recorded together with the full name and rank or rate of the person making them. If there be evidence that the disease or injury existed prior to enlistment, this fact, and whether the evidence is presumptive or documentary, shall be stated and opinion expressed whether or not the disability has been increased by service. Too

much emphasis cannot be laid upon the fact that all possible available information pertinent to the question of how and when the disability complained of arose should be noted and considered. The foregoing applies to all facts, including those which are peculiar to the science of medicine and surgery, i. e., facts pertaining to the nature of the disability, its probable duration, and the conditions affecting its recurrence, as in a case of epilepsy, insanity, or disease of a like nature. No fact, however trivial, should be overlooked, and special endeavor should be made to ascertain all facts which may in any way bear upon the various angles of the disability in question. When an individual is disabled while on leave or in confinement, the circumstances attending the incurrence of the disability and the status of leave or confinement (whether awaiting trial or confined in accordance with sentence) should be stated. As disability occurring in the service is usually made the basis of a claim for pension, special care shall always be taken to state in the health record the degree of disability, wound, or disease, the extent to which it deprived the patient of the use of any limb or faculty or affects his health, strength, activity, or capacity to work. This statement should be entered whether or not the disability is incurred through misconduct. If the patient declines treatment for its relief he shall be required to sign a statement in his health record setting forth the reasons why he so declines, and a signed copy of this statement shall be forwarded to the Bureau of Medicine and Surgery.

Because misconduct entries may adversely affect the status of the persons in whose cases they are made it is directed in Navy Regulations that such persons be informed of the adverse entries and permitted to make a statement and present evidence in rebuttal if they so desire. Article 1196 (3), U. S. Navy Regulations, provides that "When the medical officer having custody of the health record of a person in the Navy or Marine Corps enters on such record that the disability for which such person is admitted to the sick list was the result of the person's own misconduct, it shall be the duty of such medical officer to inform the patient when such an adverse entry is made, provided the condition of the patient does not make such action inadvisable. He shall inform the commanding officer at the same time, and the procedure then shall be as prescribed in paragraph 5." The following certificate will be placed on the health record by the medical officer making the adverse entry:

In accordance with article 1196, U. S. Navy Regulations, 1920, you .....  
 are informed that you are admitted to the sick list with ..... (Name)  
 the origin of which is considered to be the result of your own misconduct. (Diagnosis)

.....  
*Medical Officer.*

Having been duly informed of the finding that my present disability, .....  
 is the result of my own misconduct, I { do } { do not } desire to submit a statement in rebuttal. (Diagnosis)

This is followed by the patient's signature.



In case of admission to the sick list for venereal disease due to own misconduct, always enter in the health record the following statement: "The initial symptom of this disease is determined to have occurred on (date)." This is done in order that there may be no question as to whether or not the patient is liable to checkage of pay. The same information is also included on the Misconduct Report (Navsanda 35-L) which is used for reporting admission to and discharge from the sick list of misconduct cases. This report is prepared in quadruplicate, each sheet being printed on different colored paper and marked Original, First Copy, Second Copy, and Third Copy. The Original (white) and First Copy (pink) are signed by the medical officer and, with the Second Copy (yellow) submitted to the commanding officer. After signing the Original the commanding officer sends it and the Second Copy to the disbursing officer who files them with his original accounts and retained papers respectively. The First Copy is filed with the individual's service record and the Third Copy (green) is retained for filing by the medical officer.

#### DETERMINATION OF MISCONDUCT.

To determine whether a disability was or was not due to the misconduct of the person concerned is not always an easy matter. In determining the misconduct status of a disability all the facts in the case must be considered and it must be borne in mind that, as stated in Naval Courts and Boards, mere negligence or carelessness is not misconduct.

#### REBUTTAL.

When a person who has been informed the disability with which admitted to the sick list is considered to be the result of that person's own misconduct desires to submit evidence in rebuttal of the adverse entry article 1196 (5), U. S. Navy Regulations prescribes the procedure as follows: "It shall then be the right of such person to request the commanding officer to have entered on the health record bearing such an adverse entry such evidence in rebuttal as such person may desire to present. Should evidence be presented a copy of such entry and evidence shall be forwarded to the Bureau of Medicine and Surgery for expression of medical opinion and shall then be referred to the Judge Advocate General for decision before filing. The Bureau of Medicine and Surgery shall then inform the commanding officer of the decision for entry on the health record of the person concerned."

In cases where evidence rebutting a misconduct entry is presented it will be noted that a copy of the entry and of the evidence are forwarded to the bureau for expression of medical opinion and then referred to the Judge Advocate General of the Navy for decision. As such expression of opinion and decision must necessarily be based upon the facts presented it is therefore most essential that the medical record be complete by the recording in it of all pertinent facts, as previously stated. An official contemporaneous record is the best evidence as to the facts therein stated, and can be successfully rebutted only by direct, positive, and conclusive evidence that there was error or mistake of fact or fraud

in making such record. The necessity for careful and complete statements in medical records is, therefore, clearly established.

In case the medical officer and the commanding officer disagree as to the misconduct status of a disability the latter, as directed in article 1196 (8), U. S. Navy Regulations, will call a board of officers of not less than two members, one of whom shall be a medical officer, to inquire into, report upon, and make recommendations in the case. If evidence in rebuttal is presented or a board is called, the correspondence and evidence or the proceedings and report of the board shall be forwarded to the Bureau of Medicine and Surgery for expression of medical opinion and then referred to the Judge Advocate General for decision. The Bureau of Medicine and Surgery shall then inform the commanding officer of the decision for entry on the health record of the person concerned.

#### **LOSS OF PAY.**

The Act of May 17, 1926, provides for forfeiture of pay of persons in the naval service who are absent from duty on account of the direct effects of the intemperate use of alcohol, or habit-forming drugs, or on account of venereal disease. Checkage of pay for absence from duty resulting from injury due to misconduct is not required, and the pay of persons absent from duty more than one day on account of venereal disease due to misconduct cannot be checked unless such absence occurs within a period of one year of the appearance of the initial symptoms of the disease. In cases of either disease or injury, however, the enlistment is not regarded as complete until the period of absence shall have been made good.

If the misconduct status in a case of death has not been established the word "undetermined" shall be entered on line 10 of the Certificate of Death, Navmed N, and article 1196 (7) U. S. Navy Regulations directs that "In the event of the death of a person in the naval service in which the commanding officer does not approve of the assigned origin of the fatal illness or injury as given in the official report of death, it shall be his duty to endorse thereon his opinion and the reasons therefor, the report being forwarded to the Bureau of Medicine and Surgery for expression of medical opinion and then referred to the Judge Advocate General for decision before filing."

The misconduct status is to be determined in all cases brought before a Board of Medical Survey and when the origin of the disability is considered due to misconduct the board shall state clearly the reasons for its opinion. A court of inquiry or board of investigation must determine whether a disease or injury was or was not due to the misconduct of the person concerned and article 1196 (4), U. S. Navy Regulations, provides that "It shall likewise be the duty of the senior member of any board, which makes a similar adverse record relative to the origin of any disease or injury, to inform the person concerned of such record. In the case of a board of medical survey the statement in rebuttal shall not be incorporated in the body of the survey but forwarded as a separate paper."

In order to avoid any unnecessary correspondence or delay whenever it is necessary to submit a case to the Judge Advocate General for determination of the misconduct status, the following data shall be forwarded:

1. Certified copy of all medical history in the current medical record.
2. Original signed statement of the individual in rebuttal.
3. Opinion of medical and commanding officers.
4. Any other pertinent facts.

## SPECIAL CASES AND DECISIONS.

### SUICIDE.

With reference to suicide Naval Courts and Boards states: "In cases of suicide the misconduct status depends upon whether or not the deceased was sane or insane at the moment of taking his life. If sane, death should be held to have been incurred as the result of his own misconduct. If insane, death should be held to have been incurred *not* as the result of his own misconduct." If the deceased was sane, death should be held to have been incurred not in the line of duty. If the deceased was insane, the line of duty status is somewhat more involved. In such a case death should be held to have been incurred in the line of duty, provided his insanity was so incurred.

Whether the insanity was incurred in the line of duty should be determined as laid down in the decisions of the Navy Department which are published in Court-Martial Orders.

In determining whether or not the deceased was sane or insane Naval Courts and Boards states the following rules apply: "(1) All persons are presumed to be sane until this presumption is overcome by the evidence to the contrary. (2) The fact that a man takes his own life is evidence of insanity, but not enough, of itself, to overcome the presumption of sanity."

"Suicide is an act that should be considered with the previous acts of the deceased in determining whether he was or was not in possession of his mental faculties. If the previous acts of the deceased indicate sanity, or if a motive for killing himself exists—as where by his own misconduct he has brought about a situation from which he seeks to escape—the deceased should be regarded as having been sane at the moment of taking his life. In investigating a death by suicide an earnest effort should be made to obtain all possible evidence as to the state of mind of the deceased just prior to taking his life. His state of mind will be often best evidenced by previous conduct, trouble (domestic or otherwise) considered in connection with brooding, pre-occupation, and such like matters."

### SEASICKNESS.

Seasickness has been held to have originated in the line of duty, but in view of the temporary nature of the disability, which ceases when in port or on shore, the conditions and character of a man's discharge because of seasickness upon recommendation of a board of medical survey should not be the same



as in the case of a man who has acquired some permanent disease or disability as a result of his service in the Navy. The character of the discharge appropriate in cases of seasickness is "inaptitude." Similarly, it is the policy of the Bureau of Medicine and Surgery to recommend that cases of *nostalgia* be discharged by reason of "inaptitude" rather than by a medical survey.

#### MALINGERING.

Malingering, the avoiding or escaping of duty or work by claiming or feigning illness or by unduly exaggerating disability, constitutes a violation of Navy Regulations and therefore is an offense for which the offender may be punished. In order to constitute an offense the pretension must be successful. Paragraph 2402 (*d*), Manual of the Medical Department, directs use of the diagnostic title "Malingering" in cases where a patient claims to be ill or unduly exaggerates a disability and the medical officer is of the opinion there is only a slight or no actual disability. Article 1136 (2), U. S. Navy Regulations, directs that whenever a medical officer "discovers that any person has wilfully produced, concealed, aggravated, or feigned any disease or injury, he shall report the fact to the commanding officer, and enter it upon the report book." Because the burden of proof rests upon the medical officer reporting any such case it is advisable he should be certain the conditions in the case will support his contentions.

#### COLOR BLINDNESS.

It is of interest that color blindness and defective color vision, discovered after enlistment, have been held to be in line of duty and incident to the service, even though presumably congenital in nature.

#### MENTAL DISEASES.

With regard to mental diseases, before expressing an opinion as to the line of duty status of a mental case, particularly in the case of recruits and others with short periods of service, special effort should be made by means of communicating with relatives or friends who have known the patient prior to his entry into the service and by any other practicable means, to determine whether the condition existed prior to enlistment.

In the absence of definite evidence to the contrary almost any psychosis or psychoneurosis may be presumed to have occurred in the line of duty, but the following, when acquired as the result of the patient's own misconduct, should be held to have originated not in the line of duty: Paresis, Psychosis, intoxication, alcohol, and Psychosis, intoxication, drug.

#### VENEREAL DISEASES.

The presence of syphilis raises the presumption of misconduct. However, where it manifests itself in an extra-genital primary sore, and there is no suspicion of perversion, it may be considered to have originated in the line of duty.

Venereal diseases have been and can be innocently acquired, but such cases are rare. As a rule, venereal diseases are acquired as a result of misconduct. It is up to the patient with venereal disease to prove that it was not acquired as a result of his own misconduct, and a simple denial of misconduct, unsupported by any material evidence, is not sufficient to overcome the presumption of misconduct which is always associated with venereal disease.

This principle is applicable in cases in which a legal wife is blamed for the infection. It also applies when a statement denying exposure to venereal infection is offered as rebuttal. In either case the statement must be supported by proof.

## PREVENTIVE MEDICINE

For many years preventive medicine has been recognized as being of the greatest importance in all naval ships and stations. This is well shown in the requirements and obligations of commanding officers as well as medical officers as laid down specifically in Navy Regulations.

### VACCINATIONS.

The Navy requires that all of its personnel receive vaccination with immunizing agents designed to afford protection against certain infectious diseases, the term *vaccination* being construed to include inoculation with any virus, bacterin, toxin, etc., used for the production of active immunity. Vaccination against certain other diseases is necessary when required by circumstances. The vaccinations required for all hands are: Smallpox, typhoid fever, tetanus, and yellow fever. Members of the Women's Reserve are not required to receive yellow-fever vaccination.

#### I. VACCINATION FOR PREVENTION OF SMALLPOX.

All persons in the Navy and Marine Corps shall be inoculated with potent cowpox virus upon entering the service and repeatedly as necessary after intervals of not more than ten days, if the result is negative, until there is reasonable assurance the individual will not react to potent virus. Enlisted men shall be revaccinated upon reenlisting or extending enlistment, at any time if doubt arises as to the protection afforded by previous vaccination, and whenever exposed to smallpox. Officers and members of the Navy Nurse Corps shall be revaccinated at intervals of four years and whenever exposed to smallpox. When serving in the tropics or "endemicity areas" all persons shall be revaccinated annually.

For its *preservation* cowpox virus shall be subjected to continuous refrigeration, preferably below freezing.

The *type of reaction* shall be determined by personal inspection and shall be *recorded* by making the proper entry in the health record. Reactions are recorded as Immune, Accelerated, Primary, or Failure.

#### 2. INOCULATION FOR PREVENTION OF TYPHOID FEVER.

Each person in the Navy or Marine Corps who has not reached the age of 45 years shall be protected against typhoid fever by the administration of typhoid vaccine as soon as practicable after entry into the service. A complete course is defined as three consecutive administrations with intervals between each two of not less than five nor more than fifteen days. This first course of typhoid vaccine is administered subcutaneously. Typhoid or triple typhoid



(Typhoid-Paratyphoid A and B) vaccine shall be used in the following dosage: First inoculation, 500 million, second inoculation, 1,000 million, and third inoculation, 1,000 million organisms of the prescribed vaccine.

Following this initial three inoculation immunization series, no further series of this kind is required. An intracutaneous injection of  $\frac{1}{10}$  of 1 cc. of triple vaccine is to be administered annually to each person in the Navy and Marine Corps on active duty (Regular, Reserve, or retired), regardless of age, whose health record shows that at least one standard course of either typhoid or triple typhoid vaccine (three injections) has already been received. This so-called typhoid *booster* shall be entered on the medical abstract sheet and signed by the medical officer.

Health records shall be examined frequently in order that not more than a year shall elapse between booster injections. In the event a health record does not contain an entry to the effect that a standard course of typhoid or triple typhoid vaccine has been given, such a course shall be administered immediately. In view of the small amount of the booster injection and the intracutaneous route by which it is administered, tuberculin syringes and 26-gauge hypodermic needles should be employed.

### 3. TETANUS IMMUNIZATION.

Immunization against tetanus is required for all personnel of the U. S. Navy and Marine Corps on active duty (Regular, Reserve, and retired), regardless of age, and for this purpose, an alum precipitated tetanus toxoid is employed.

The initial immunization shall consist of two injections, 0.5 cc. each, of alum precipitated tetanus toxoid given intramuscularly within an interval of not less than four nor more than eight weeks.

*Booster* or stimulating tetanus immunization is given one year after the completion of the initial immunization and consists of a single injection of 0.5 cc. of alum precipitated tetanus toxoid intramuscularly. This booster injection need not be further repeated under ordinary circumstances, but it should be repeated before going into a combat zone, preferably approximately one month before entering the combat zone.

Emergency injections of 0.5 cc. of tetanus toxoid shall also be administered immediately to: (a) Each individual who incurs a wound or severe wound in battle; (b) Patients undergoing secondary operations or with open wounds; and (c) Individuals who incur punctured or lacerated nonbattle wounds, powder burns, or other conditions which might be complicated by the introduction of tetanus spores or bacilli.

In administering tetanus toxoid care must be taken to: (a) Be sure the injections are given deeply intramuscularly; and (b) Avoid injecting tetanus toxoid directly into the blood stream as a result of puncturing small blood vessels. A preferable site of injection is in the deltoid muscle approximately one-half of the distance from the point of the shoulder to the insertion of this muscle.

When the second dose of the initial immunization of tetanus toxoid has been given, the identification tag shall be die-stamped with the capital letter

"T" followed by the number of the month and the last two digits of the year, e. g. (T8-41). When booster injections are given, an additional number to indicate the month and year of the supplemental doses shall be stamped on the tag. This information shall also be entered on the medical abstract sheet in the health record.

There is no contraindication to administering the first injection of alum precipitated tetanus toxoid concurrently with triple typhoid vaccine and/or smallpox vaccine.

#### 4. YELLOW FEVER VACCINATION.

Immunization against yellow fever is required for *all* active duty personnel except members of the Woman's Reserve. The vaccine employed consists of a special strain of attenuated living yellow fever virus which has been attenuated through prolonged cultivation in tissue cultures. The material is placed in ampoules and is then rapidly frozen, desiccated, sealed, and stored at a temperature not higher than four degrees Centigrade (39° Fahrenheit). All naval and Marine Corps personnel should be immunized as soon as possible and at the first station of duty. A careful check must be made of the health record of every man transferred in order to insure that each one has been immunized against yellow fever.

Because yellow fever vaccine must be kept at a temperature not over four degrees Centigrade at all times during storage and shipment, and because of the distance involved and the possibility of delay and spoilage were it shipped from one central distribution center, the following naval activities have been designated as naval distribution points for yellow fever vaccine:

Medical Supply Depot, Brooklyn, New York.

Medical Supply Depot, San Francisco, California.

Dispensary, Navy Yard, Portsmouth, New Hampshire.

Dispensary, Navy Yard, Boston, Massachusetts.

Dispensary, Navy Yard, New York, New York.

Dispensary, Navy Yard, Philadelphia, Pennsylvania.

Dispensary, Norfolk Navy Yard, Portsmouth, Virginia.

Dispensary, Puget Sound Navy Yard, Bremerton, Washington.

Dispensary, Navy Yard, Pearl Harbor, Hawaii.

Dispensary, Naval Air Station, Jacksonville, Florida.

Dispensary, Naval Air Station, San Juan, Puerto Rico.

Dispensary, Naval Air Station, Pensacola, Florida.

Dispensary, Naval Training Station, Great Lakes, Illinois.

Dispensary, Naval Training Station, San Diego, California.

Dispensary, Submarine Base, Coco Solo, Canal Zone.

Dispensary, U. S. Naval Station, Guantanamo Bay, Cuba.

U. S. Naval Hospital, Newport, Rhode Island.

U. S. Naval Dispensary, Washington, District of Columbia.

Post Dispensary, Marine Barracks, Quantico, Virginia.

U. S. Naval Hospital, Annapolis, Maryland.

All ships and stations in the vicinity of these activities shall procure their vaccine by having a responsible representative apply for it in person. Outlying stations remote from one of these distribution points shall obtain their supply of yellow fever vaccine direct from the nearest medical supply depot by submitting Navmed 4 requisition or a despatch. Ships which will not call at or near one of these distribution centers in the near future shall obtain their supply of this vaccine direct from the nearest medical supply depot by submitting Navmed 4 or a despatch.

A responsible person shall always receive this vaccine and place it in storage at once at a temperature not above four degrees Centigrade. The freezing compartment of a refrigerator makes the safest storage place for the vaccine. During defrosting periods, the vaccine must be transferred to freezing compartments of other refrigerators to protect it from temperature change as the virus becomes inactive after three hours at room temperature.

Yellow fever vaccine is supplied in ampoules containing five cubic centimeters and one cubic centimeter of the concentrated vaccine respectively. With each five cubic centimeter ampoule there is provided a rubber-stoppered bottle containing fifty-five cubic centimeters of sterile physiological salt solution. The one cubic centimeter ampoule is accompanied by a smaller bottle which contains eleven cubic centimeters of the salt solution. The five cubic centimeter ampoule, when diluted with the sterile salt solution will provide fifty-five cubic centimeters of diluted vaccine, sufficient for more than one hundred injections. The one cubic centimeter ampoule diluted with eleven cubic centimeters of the sterile saline solutions is sufficient for more than twenty injections. The diluted vaccine which remains unused after three hours must be discarded. While performing vaccinations, the ampoule containing the diluted vaccine should be surrounded by ice or other means of cooling. Yellow fever vaccine should not be given concurrently with smallpox vaccine. When both of these vaccinations are to be made, it is suggested that yellow fever vaccine be given first and that at least five days elapse before the smallpox vaccination is made. There is no objection to the simultaneous administration of yellow fever vaccine and triple typhoid vaccine or tetanus toxoid. A very mild febrile reaction may occasionally be noted in four to seven days following the injection, but the reaction is so mild it seldom interferes with routine duties. A second dose of yellow fever vaccine should be given *only in the presence of an epidemic of yellow fever*.

The following data should be recorded on the medical abstract sheet of the health record: (a) Name of vaccine; (b) lot number; (c) date of vaccine; and (d) initials of medical officer.

Dependents of personnel being transferred to, or living within, areas where yellow fever is endemic or where the yellow fever vector is present, excepting those within the continental limits of the United States, shall be immunized against yellow fever. The vaccinating dose is the same for children as for adults.



Among the vaccinations administered only under special circumstances are those for the prevention of typhus fever and cholera.

#### 5. TYPHUS VACCINATION.

All Navy and Marine Corps personnel on active duty in areas where danger from *epidemic* typhus fever exists shall be immunized against that disease as soon as practicable. Those about to be transferred to such areas shall be immunized at such time that the procedure will be completed when practicable at least four weeks prior to the prospective date of arrival. The vaccine consists of a suspension of typhus rickettsiae cultivated by the Cox method. It may be procured by submitting Navmed 4 (or despatch for ships and stations in foreign countries) to the nearest U. S. Naval Medical Supply Depot. The dates, amounts, and type of vaccine shall be entered in the individual's health record.

#### 6. CHOLERA VACCINATION.

All Navy and Marine Corps personnel on active duty in, or traveling to areas where there is danger of endemic or epidemic cholera shall be immunized against that disease as soon as practicable. The vaccine consists of a suspension of killed cholera organisms, 8,000 million per cubic centimeter. Cholera vaccine may be obtained from the U. S. Naval Medical Supply Depots at Brooklyn, New York, and San Francisco, California, on Navmed 4 requisition in the same manner as other vaccines.

In addition to vaccination, it is imperative to institute rigid control measures and to maintain high standards of hygiene and sanitation.

The dates of vaccination and the amounts given shall be entered in the individual's health record.

#### OTHER HYGIENIC CONSIDERATIONS.

##### REACTION TO HEAT.

For this condition the use of salt by personnel exposed to high environmental temperatures and prolonged physical exertion is the accepted prophylaxis. Increased consumption of sodium chloride by such personnel results in less fatigue, and prevents heat cramps and heat exhaustion. Experience has shown that it is desirable for men working in high temperatures to drink water containing 0.1 to 0.3 percent sodium chloride or to use sodium chloride tablets for periodic daily ingestion. Sodium chloride tablets cause gastric irritation in some individuals while the saline solution does not. Drinking water containing the desired amount of salt can be made by adding one pound of table salt to one hundred gallons of water, 0.36 pound of table salt to thirty-six gallons of water (Lyster bag), or five grams of sodium chloride to one gallon of water. One ten-grain salt tablet should be swallowed with every pint of water consumed if salted drinking water is not used.

Personnel shall be informed regarding the value of salt in the prevention of fatigue and heat exhaustion.

## IMMERSION FOOT AND FROZEN EXTREMITIES.

Among the more important emergency conditions confronting Navy medical officers during the current war are those of immersion foot and frozen extremities. When survivors who have had their feet frozen or immersed in cold water are picked up, the cold extremities should be kept cool and only allowed to thaw or warm up extremely slowly while heat is applied to the rest of the body. It should be remembered that bad results have followed heating extremities before a galley stove. In the case of one frozen foot, the unaffected limb should be immersed in hot water to produce reflex dilation in the affected limb. If both feet are frozen the arms should be placed in hot water (extreme care should be exercised in handling a limb while it is still numb so that local injury may be avoided). Immersion foot in those who are forced to abandon ship may sometimes be prevented by gentle massage of the feet and legs with mineral oil during exposure. For this purpose, it is now required that two one-quart tins of liquid petrolatum be carried in each boat box. Friction should not be applied to a limb which has been frozen or injured by immersion. The skin should be kept clean and in severe cases sterile. Feet injured by immersion should be kept elevated. The application of an ice bag or cold compresses for fifteen or twenty minutes out of every hour will reduce the pain of immersion foot. Keep the skin protected from moisture. An electric fan blowing cool air over the feet may be as comforting as either compresses or ice bags. It is recommended that the limb be placed in dry cotton and pressure points carefully avoided. Victims of immersion foot should not be allowed to stand or walk as long as swelling of the feet persists.

## WARM-SEAS IMMERSION FOOT.

Warm-seas immersion foot is a condition in which incapacitating pain and swelling develop in the feet of those who have been adrift in warm seas for prolonged periods (several weeks or more) in overcrowded lifeboats, etc., and are depleted by starvation and dehydration. The physiological and pathological causes of warm-seas immersion foot seem to be quite different from those of immersion foot and although survivors may show no evidence of thermal injury they may have even more extensive edema reaching to the knees and profound neuritic changes in the feet. Ataxia and aching pain are present in the legs and lesser sensations of tingling in the hands. Ulcerative stomatitis, glossitis, and bleeding from the gastrointestinal tract have been observed in many survivors. Patients with warm-seas immersion foot have responded rapidly to a high-protein, vitamin-rich diet.

## FOOD POISONING.

This condition, more appropriately considered as food infection or as food intoxication, is one of the commoner causes of mass incapacitation for duty noted on ships and shore stations. Usually a large number of men are abruptly taken sick with retching, vomiting, and diarrhea, but the disability, generally, does not persist long. When outbreaks of food poisoning

occur every effort should be made to determine the exact cause so that it may be eliminated in the future. Among causes of this condition are inadequate refrigeration of food and food mixtures prepared in advance of the time for their use, and contamination of creamed fillings for pies and pastries and of ham or other sandwich fillings by cooks, bakers, and food handlers, harboring minor staphylococcus infections or fecal matter on their fingers, arms, and forearms.

#### **QUARANTINE INSPECTION OF NAVAL VESSELS.**

Vessels of the United States Navy may be subjected to quarantine inspection upon arrival at ports of the United States, its possessions, or dependencies when coming from a port known or suspected to be infected with cholera, plague, or yellow fever, or where smallpox or typhus fever is present in epidemic form, and may be detained in quarantine for such disinfection or disinfestation as may be required by reason of disease aboard or exposure to quarantinable disease at the port of departure or call. Ships of the Navy to which medical officers are attached are ordinarily exempt from quarantine inspection. A certificate furnished by the ship's medical officer as to the sanitary condition of the vessel and record of communicable diseases is accepted by the quarantine officer in lieu of actual inspection.

#### **PRATIQUE.**

Pratique is a written certificate showing a ship has complied with the quarantine laws and allowing free intercourse with the port. Naval vessels having a medical officer on board usually request and receive pratique by radio communication. In such instances, the medical officer upon arrival in port must forward the bill of health in duplicate to the quarantine officer, together with a statement as to the sanitary condition, and the number of cases of any communicable disease on board. A vessel of the Navy without a medical officer is subject to the provisions of the quarantine regulations as they apply to merchant vessels.

#### **BILLS OF HEALTH.**

In all cases, unless otherwise directed, the medical officer shall procure a bill of health before leaving port. In the United States, a medical officer procures a bill of health by applying in person to the medical officer of the Public Health Service, where available, otherwise to the collector of customs. In many ports, currently under direct control of military authorities, medical officers of the Navy ashore have been designated to issue bills of health. In foreign ports, request for a bill of health should be made at the office of the Captain of the Port. When applying for a bill of health the medical officer should take with him bills of health from the last port of departure and be prepared to furnish the details given in paragraph 2840 of the Manual of the Medical Department, U. S. Navy. If epidemic or contagious diseases are present in the port at time of making the request, a visit also should be made to the consul of the nationality of the next port of call for his visa.



On entering port, in addition to the bill of health, the medical officer of the ship shall be prepared to furnish the quarantine officer, if required, with a statement relative to the health conditions prevailing on board ship. Certain diseases of a communicable or infectious character not included among the quarantinable diseases under the quarantine laws and regulations, such as diphtheria, cerebrospinal fever, etc., will ordinarily be viewed by local or State authorities as constituting quarantinable diseases, and their presence on board should be considered as rendering a vessel subject to quarantine restrictions. All such diseases should be fully reported to the inspecting health officer.

#### DISINSECTIZATION OF AIRCRAFT.

In order to prevent the transportation of disease-bearing mosquitoes from foreign areas to the United States, or from one foreign area to another, all aircraft engaging in flight operations outside the continental limits of the United States are to be treated with insecticide as follows:

(1) Immediately before departing from any foreign area all enclosed spaces of the plane will be sprayed, using either the standard pyrethrum extract or the Aerosol (Freon-pyrethrum) bomb. If spraying is with the standard pyrethrum extract not less than eight cubic centimeters of spray per thousand cubic feet of enclosed space will be used. If Aerosol is the agent six seconds of spraying, the spray being directed to all areas, is sufficient for each thousand cubic feet of enclosed space. Spraying will be repeated immediately after landing under circumstances noted in the last paragraph of this subsection.

(2) All doors, windows, and other openings will be closed during the spraying, and the aircraft will remain closed and nonoperative for at least two minutes.

(3) Flight personnel will remain in the plane and no cargo, equipment, or baggage will be removed until the spraying operation has been completed. Planes en route to the United States from any place in tropical Africa (located within the region bounded by eight degrees South latitude and sixteen degrees North latitude), or from any place in the tropics of the Western hemisphere (located within the region bounded by thirty-five degrees South latitude and twenty-five degrees North latitude), or from any other place where mosquito-borne diseases are prevalent or may appear, must be sprayed with insecticide immediately prior to departure from the last foreign area and again immediately after landing on United States soil. Planes en route from one foreign area to another, more particularly those planes which pass from one naval jurisdiction to another, should be sprayed on departure and on arrival. Approved insecticide and hand sprayers may be obtained from the local supply officer or Marine Corps quartermaster.

## NONNAVAL HOSPITALIZATION AND TREATMENT

### MEDICAL AND DENTAL ATTENDANCE FROM SOURCES

#### OTHER THAN NAVY.

Officers and enlisted men of the Navy and Marine Corps when on duty at a place where there is no naval hospital may be sent to other hospitals upon the order of the commander in chief or the senior officer present. When on duty where a superior officer is not present and the services of a naval medical officer or naval hospital facilities are not available, officers and enlisted men should apply to other Government hospitals for treatment, if practicable, and in the absence of such hospitals may apply to a civilian or a civil hospital for necessary emergency treatment.

#### REPORT OF TREATMENT OTHER THAN NAVAL.

Report on Navmed U shall be promptly forwarded in duplicate to the Bureau of Medicine and Surgery in each case where treatment is received from other than the medical department of the Navy. This report should be prepared and submitted by the naval medical officer having cognizance of the case when practicable, by the senior officer present where a naval medical officer is not on duty, or by the individual concerned when on detached duty where a superior officer is not present, as soon as able. It is required in all cases where medical or hospital treatment is furnished by civilian physicians, civil hospitals, or Government hospitals other than naval, to the personnel, active or inactive, on duty or on liberty or leave, under circumstances that eventually may be used as the basis of a claim against the Navy Department. Where printed forms are not available, a typewritten report may be made in duplicate giving the information required by the form, which is as follows, including the instructions on the back thereof:

Name and rank or rating; date and place of birth; station to which attached; diagnosis; prognosis; status (duty or not). If on liberty, state exact period for which granted and the hours and dates from and to; circumstances; disposition; give dates on or between which services were rendered; by whom were the services rendered? Were the services necessary and authorized, and by whose authority? Where authority is given in writing a certified copy of same should be attached to this form. Where authority is given verbally a certificate of the officer granting same should be attached and should show when and how the services were authorized. Were the services of a naval

medical (or dental) officer or a naval hospital available? In the case of an officer, the date of his orders and the name of the Supply Corps officer carrying his accounts shall be stated. When an officer is admitted to a hospital for treatment, statement shall also be made as to whether or not hospital ration notices (Navsanda No. 35-M) have been issued.

Report on this form (Navmed U) shall be forwarded in duplicate to the Bureau of Medicine and Surgery, Navy Department, whenever medical, dental, or hospital treatment is furnished the personnel of the Navy and Marine Corps by other than the medical department of the Navy, including treatment in Government hospitals other than naval. It will be forwarded immediately, upon authorization of treatment, by the officer concerned or by the officer having cognizance of emergency cases where prior authority is not practicable.

### DENTAL EXPENSES.

Claims for dental expenses will be allowed only when such expenses have been incurred in emergencies by personnel of the Navy or Marine Corps to whom the services of a naval dental officer were not available, and when the approval of a naval medical officer, if available, has been secured.

### INTERPRETATION OF "EMERGENCY."

The term "In Emergencies" is intended to be applied to treatment rendered to alleviate suffering or to prevent suffering which will obviously occur before the approval of the Bureau of Medicine and Surgery can be obtained. Emergency treatment will not include the furnishing of prosthetic appliances or the use of precious metals.

### ILLNESS TO BE PROMPTLY REPORTED.

Attention is invited to article 1189, Navy Regulations, in which are stated the conditions under which medical expenses may be allowed, and especially to the requirement that payment of such expenses is contingent upon the prompt reporting of illness or injury to the Bureau of Medicine and Surgery.

When copies of Navmed U are not available, a preliminary report should be made promptly to the Bureau of Medicine and Surgery by letter in which a request for a supply of the form may be included.

### BILLS.

Upon completion of treatment, unless authorized in advance by an approved requisition, itemized certified bills shall be submitted to the Bureau of Medicine and Surgery in duplicate which shall show the cost of each item of expense and the dates on or between which the services were rendered; for dental treatment, they shall also show in detail which teeth were treated, the nature of the treatment rendered, and the materials used. Bills of other Government hospitals will be submitted through their respective headquarters.

Receipt of the services by the party receiving treatment or by the officer authorizing same shall be acknowledged either on the face of the bills or by separate certificate.



When requisitions for civilian medical, dental, nursing, and/or hospital treatment of service personnel are approved by the senior officer present in advance of approval by the Bureau of Medicine and Surgery, the (Navmed U) report shall be accompanied by a copy of the requisition and a copy of each public voucher covering payment. Such expenditures shall be reported on Navmed B and E.

#### OFFICERS' DUTY STATUS.

By law expenses incurred by an officer for medicines and medical attendance shall not be allowed unless they were incurred when he was "on duty" and the medicines could not have been obtained from naval supplies or the attendance of a naval medical officer could not have been had. When officers are absent from duty "with permission" the Comptroller General has held that they may be considered as constructively "on duty" entitling them to medical treatment in emergency cases, if the permitted absence does not exceed twenty-four hours, and if during such absence from ship or station their whereabouts are known and it is fairly practicable to secure their return for the performance of duty should their presence be required. Where in such a case the officer's whereabouts are unknown to his commanding officer, or he has gone beyond the limits of the city or post in which his ship or station may be, he is not in fact or constructively "on duty."

The Comptroller General has further held as essential that it be shown in such cases that the appropriate naval authority is fully informed of the matter at the earliest possible moment so that arrangements may be made to afford the officer the benefit of naval medical aid or Government hospital facilities.

#### ENLISTED MEN.

Expenses for medicines and civilian medical and hospital attendance shall not be allowed in the case of enlisted men of the Navy and Marine Corps where naval medical supplies are available or where the services of a naval medical officer or naval or other Government hospital facilities are available; nor shall they be allowed unless the sickness or injury has been promptly reported to the Bureau of Medicine and Surgery by the officer in command or, if on detached duty, by the enlisted man himself as soon as able, on Navmed U.

Expenses for medicines and civilian medical and hospital attendance are not allowed enlisted men while "on leave" because, under decisions of the Comptroller General, an enlisted man on leave of absence is not in a duty status and is not, therefore, entitled to medical or hospital treatment at Government expense. When leave is canceled or extended on account of sickness or any other cause, or absence in excess of leave is excused as unavoidable, the status of the man remains the same; he is not on duty and not entitled to payment for medical attendance while so absent, and commanding officers are without authority to authorize treatment for them at Government expense. Permission to be absent for more than twenty-four hours is considered as leave or furlough.

Exceptions to the foregoing may be submitted for consideration as claims where it can be shown that the enlisted man was actually suffering from a contagious disease probably contracted while "on duty"; where the enlisted man actually reports to a naval station or post and relinquished the balance of his leave; or where treatment in other Government hospitals is available. In all such cases, however, it must be shown that the enlisted man has actually come under the control and supervision of competent naval authority, and that due investigation of the circumstances has been made by the officer exercising such authority to justify the authorization of medical treatment at Government expense.

Liberty is to be distinguished from leave and it has been held by the Comptroller General that an enlisted man who has been granted liberty for a period of twenty-four hours or less is considered as in a duty status, and that there is authority of law to reimburse private institutions or physicians for hospital or medical attendance rendered necessary by the fact that no naval surgeon or Government hospital is available: *Provided, however,* That during the period of liberty it would be fairly practicable to secure his return for the performance of duty should his presence be required; the distance he has gone and the commanding officer's means of securing his return being important elements in determining whether or not he was in a constructive duty status.

#### CERTIFICATION OF BILLS.

For expenses incurred for civilian medical treatment of naval personnel, while in a duty status, bills prepared in duplicate should be forwarded to the Bureau of Medicine and Surgery for settlement. Such bills should be itemized to show the dates on or between which services were rendered or supplies furnished, and the original should be certified as "*Correct and Just, Payment Not Received*" and bear the autographic signature of the payee or, in the case of a company or firm, of a responsible official thereof, whose title or connection therewith should be indicated. Receipt of the services or supplies should be acknowledged on the face of the bill, or by separate certificate, by the person receiving treatment, or by an officer having cognizance of the case. The dates, charges, etc., should be carefully scrutinized and verified when practicable. Separate certified bills should be submitted for services of special nurses, anesthetists, or other persons on fee basis, unless the bill including such services is accompanied with receipt to show that the expenses have been defrayed by the hospital or physician submitting the bill.

Bills for treatment in Government hospitals other than naval are submitted to the Bureau of Medicine and Surgery for payment through the respective heads of the activities concerned.

## MEDICAL DEPARTMENT PROPERTY

This term, as employed by the medical department of the Navy, comprehends the *procurement*, the *custody*, and the *disposition* of such property, and the accounting procedures concerned therewith. Accounting procedures include the rendering of financial reports to the Bureau. By article 1194, Navy Regulations, the medical officers in command of naval hospitals and the medical officers of ships and stations are held responsible and accountable for all public property belonging to the medical department of the Navy that is under their control. It is therefore essential that all personnel of the medical department should understand the subject of medical department property and be familiar with the terms commonly used and the routine procedures in connection therewith.

By Navy Regulations the Bureau of Medicine and Surgery, under the direction of the Secretary of the Navy, is charged with and responsible for "the custody and preservation of the records, accounts, and properties under its cognizance and pertaining to its duties," and is to "require for and have control of the preparation, inspection, reception, storage, care, custody, transfer, and issue of all supplies of every kind used in the medical department for its own purposes."

In general, medical department property is of two classes—*equipment* and *supplies* (includes services). At naval hospitals "land and buildings" constitutes a third class. *Equipment* is property that is not consumable, i. e., not easily breakable (as hospital furniture) or not readily rendered unfit for service by continued use (as surgical instruments). Consumable materials and personal services are classified as *supplies*. In order to determine if an item is equipment or supplies reference should be made to the Supply Catalog. Items not specifically listed therein should be classified according to the classification of similar or identical items in the Supply Catalog, and should be grouped by classes in the equipment or supplies ledger according to the listing of similar or identical items in the Federal Standard Stock Catalog.

### PROCUREMENT.

Before equipment and supplies for use in the care of the sick and injured and in the maintenance of the health of the Navy can be procured it is necessary that there be funds available from which the cost can be defrayed. Monies required for the maintenance and operation of medical department activities are provided by annual Congressional appropriations and from them the materials and services required can be procured.



Annual appropriations are made by the Congress for expenditure during a specified fiscal year. The fiscal year used in the Navy is the period beginning July 1 and ending June 30 in the succeeding year. For example, the period from July 1, 1943, to June 30, 1944, is known as the fiscal year 1944. The annual appropriations included in the appropriation act for the naval service which pertain to the Bureau of Medicine and Surgery and the medical department of the Navy are titled as follows:

- (a) Medical Department, Navy; and
- (b) Salaries, Bureau of Medicine and Surgery.

The detailed purpose of expenditure under the fixed title of appropriations is contained in each annual appropriation act. The language of the appropriation controls expenditures to be made under that appropriation.

Before funds can be made available for the operation of a naval hospital, the medical department of a naval station, or the medical department of a hospital ship, it is necessary that the bureau have detailed information regarding the expenditures they expect it will be necessary to make during the next fiscal year. Naval hospitals, naval stations, and hospital ships furnish the necessary information by means of an annual estimate of expenditures which is submitted in duplicate before March 15 of each year. Such estimates are reviewed in the bureau and for all items approved the necessary funds are allocated. An annual estimate of expenditures is not required from ships as they have approximately the same expenses from year to year and it is possible to allocate funds, by classes of ships, on an average expenditure basis. The amount allocated to each type vessel is published annually in a letter from the Bureau of Medicine and Surgery.

*Allotments.*—After deciding upon the amounts that can be allocated to the various activities the bureau then makes the allocations, termed “allotments,” and prepares and forwards the necessary allotment cards showing the name of the appropriation from which the funds are allocated, the allotment number, and the amount of money allotted. Those for hospitals, shore stations, and hospital ships are forwarded with the returned copy of the annual estimate of expenditures. Except for supply-depot credit allotments, the total amount allotted is divided into quarterly apportionments, the amount apportioned for each quarter depending upon the estimated requirements of the activity during each quarter.

Allotments are classified by the Bureau of Medicine and Surgery as *appropriational* (money credits) and *medical supply depot* (material credits).

*Appropriational allotments* are money credits made to medical department activities from the Congressional appropriation Medical Department, Navy, and represent the amounts reserved or set aside by the bureau exclusively for the activities to cover the anticipated expenditures and transfers of funds in the procurement of the materials and services necessary to carry out the mission of the medical department.

The medical officer never actually handles any funds as, by Navy Regulations, the Bureau of Supplies and Accounts is charged with and responsible for "the disbursement of funds and the payment for articles and services procured for the Navy." The expenditure of funds allotted in appropriational allotments therefore is usually made by supply officers designated by the Chief of the Bureau of Supplies and Accounts to make disbursements, as requested by the medical officer and authorized by the commanding officer. Officers designated by the Chief of the Bureau of Supplies and Accounts as Special Disbursing Agents and Marine Corps Quartermasters also may make expenditures of funds under appropriational allotments.

*Medical supply depot allotments* are material credits authorizing withdrawals of equipment and supplies from stock at naval medical supply depots and are measured in terms of money for convenience. In such withdrawals no disbursement or transfer of funds is involved because the materials were paid for from funds allotted to the medical supply depots for that purpose. The stock available for issue at medical supply depots is procured from funds allotted by the bureau to the depots annually, prior to July 1, to cover regularly stocked Supply Catalog items estimated to be required by all medical department activities for one year.

Upon receipt of the allotment cards, the medical department of an activity is prepared to initiate the procedures necessary to obtain the needed materials and services for its proper function.

Materials and services may be obtained on the following official request forms, duly prepared and accomplished.

1. Purchase Requisitions (forms Navsanda 76 and 76a ashore, and forms Navsanda 44 and 44a afloat);
2. Stub Requisition (local memorandum invoices);
3. Expenditure Invoice (Navsanda 71);
4. Requisition for Labor (NYO 6);
5. Bureau Work Request (special Navmed form);
6. Medical Supply Depot Requisition and Invoice (Navmed 4); and
7. Transfer Voucher (Received). (Usually Navsanda 71).

*Purchase requisitions.*—Procurement by requisition presupposes prior approval by the bureau of a requisition and an allotment of sufficient funds to cover the cost. Funds allotted under the appropriation Medical Department, Navy, may be expended in quarterly apportionments for:

- (a) Sundry and lesser items of material and services required from time to time to be obtained from civil sources by purchase in the open market;
- (b) Specific major items of equipment to be purchased in the open market when approved by the bureau; and
- (c) Material carried in stock by the supply officer.

What part of the medical department allotment may be expended by purchase in the open market for items under (a) is determined by the amount approved

in an annual purchase requisition submitted for approval prior to March 15 for use in the ensuing fiscal year. What part of this allotment may be expended for specific major equipment will be as indicated in bureau approved specific purchase requisitions. Sometimes it may be necessary to ask the bureau for an increase in the amount of the allotment in order to provide for needed but unanticipated extension or expansion of facilities.

An approved purchase requisition constitutes the necessary authority for a supply officer to enter into a contract, formal, or in the manner common among business men, for the purchase of the items listed in the requisition and for a disbursing officer to make payment for materials or services furnished in accordance with the terms of the requisition. The original copy of a purchase requisition therefore must be delivered to the disbursing officer in order that payment can be made.

The procedure in obtaining materials or services by purchase in the open market is as follows: A letter listing the material or services required and giving the estimated cost, suggested source of supply, and delivery requirements is written to the supply officer who then prepares and forwards to the dealer an order for the materials or services on Navsanda Form 105 and furnishes two copies thereof to the medical officer. Sometimes the supply officer enters into formal contracts with dealers to supply the materials or services requested. When the dealer's certified bill in triplicate is received it is receipted to show that delivery has been made.

To pay for materials or services delivered, inspected, and accepted, a public voucher (original and such number of copies as local instructions require) is prepared by the medical department or by the supply department. This voucher, three of the dealer's receipted bills, and a copy of the order (Navsanda 105) are forwarded to the disbursing officer who then pays the dealer.

*Stub requisitions.*—Any funds in the allotment not otherwise obligated may be expended for supplies carried in stock in the supply department so long as the quarterly apportionment is not exceeded. To obtain supplies from this source a Stub Requisition (Navsanda 129) is prepared to quintuplicate by the medical officer and submitted to the supply officer. A priced copy of the requisition is returned to the medical officer for the records of the medical department.

In numerous instances such supplies are issued on Receipt Expenditure Invoice (Navsanda 71) instead of on the stub requisition.

*Requisition for labor.*—When employment of civil personnel is authorized by the bureau such labor as is required to be obtained through the local labor board is requested on the form requisition for labor (NYO 6).

*Work requests.*—For necessary work beyond the capacity of the force employed at naval hospitals, medical supply depots, the National Naval Medical Center a routine Work Request in quadruplicate, accompanied by all pertinent information, is forwarded in time to reach the bureau two months prior to the date work is planned to start.



*Medical supply depot requisitions.*—In order to obtain supplies and equipment from a medical supply depot it is necessary to prepare form Requisition and Invoice, Medical Supplies and Equipment (Navmed 4). The materials required are chosen from those listed in the Supply Catalog, Medical Department, U. S. Navy, and are arranged on the form by classes. The instructions contained in the current Bureau of Medicine and Surgery Circular Letter F, Appendix D, Manual of the Medical Department, relative to this form should be followed in its preparation and submission. Careful study of the Supply Catalog will show that practically any type of medical material may be obtained from medical supply depots.

*Transfer voucher (received).*—Material may also be obtained by transfer from another activity through use of the form Receipt Expenditure Invoice (Navsanda 71). The issuing activity sends the original and two copies of this form to the medical officer of the receiving activity who receipts the original and one copy and returns them to the transferring activity which later forwards the copy to the Bureau of Medicine and Surgery with its quarterly financial returns. The receiving activity files the copy it retained and shows the receipt of the material on its Quarterly Navmed E.

In addition to the foregoing methods of procurement, medicines and civilian medical, dental, nursing, and hospital services may be procured for personnel of the Navy and Marine Corps on active duty for whom such medicines and/or services are required in emergency. An *emergency* may be considered as existing when: (1) The material required is not available from naval or other stores owned by the United States, or when the services or facilities of physicians, dental surgeons, nurses, or hospitals, employed or operated by the United States, are not available; and (2) Immediate delivery or performance is required for the proper care and treatment of the patient. Procurement must be authorized by the commanding officer or by the Navy Department and prompt report to the Bureau of Medicine and Surgery shall be made on Navmed U. In order to obtain such materials or services in emergency an allotment is not necessary. Bills incurred for such emergency service within the United States should be forwarded to the bureau for payment. Such bills incurred outside the United States should be paid by the local naval activity, if possible, otherwise, forwarded to the bureau for payment. If a naval activity cannot make payment officers of the Consular Service may make payment and in such instances the State Department is reimbursed by the Navy Department thus avoiding the sending of bills to the Navy Department for payment. Bills should be prepared in triplicate, itemized to show the dates on or between which services were rendered or supplies furnished, all copies certified as "correct and just, payment not received," and bear the autographic signature of the payee, or in case of a company or firm, of a responsible official thereof, whose title or connection therewith should be indicated. Receipt of the services or supplies should be acknowledged on the face of the bill, or by separate certificate, by the person receiving treatment or by an officer having cognizance of the case.

The bureau may direct that this method of procurement be employed for routine hospitalization, when naval facilities are not available, under circumstances which would not ordinarily be considered emergencies.

Items of drugs, supplies, and equipment listed in the Supply Catalog are not to be purchased locally except in emergency, but are to be requisitioned from a medical supply depot. Requisition may be made by radio for items not urgently needed when the delay attendant upon ordinary procedure or requisitioning would create an emergency.

*Commissioning outfit.*—When a ship or station is to be placed in commission the Bureau of Medicine and Surgery will direct the nearest medical supply depot to issue, prior to the commissioning date, a predetermined medical outfit, complete except for biologicals. The material included in this outfit will be sufficient to adequately equip the sick bay and the battle dressing stations. On receipt the outfit should be checked against the invoices and any deficiencies reported to the bureau. Biologicals should be ordered by the prospective medical officer on Navmed 4 in time to arrive before the commissioning date.

### CUSTODY.

From the date of procurement (receipt) of medical department property until the date of its disposition an individual member of the medical department is responsible, in a fiduciary capacity, for its custody.

The custody of medical department property includes the accountability, inspection, and storage of such property, and article 1132, U. S. Navy Regulations, delegates to the medical officer of each ship the charge of all material and stores on board which are under the cognizance of the Bureau of Medicine and Surgery. Medical officers in command of naval hospitals and the medical officers at shore stations are likewise held responsible for medical department property in their charge by article 1194, U. S. Navy Regulations. Persons charged with the custody of medical department property are not relieved of responsibility therefor until custodianship is regularly transferred in accordance with existing instructions, is disposed of by survey, or, in the case of supplies, by expenditure through proper use.

Also, by Navy Regulations, officers are required to avoid any unnecessary expenditure of public money or stores, and so far as may be in their power prevent the same in others, and to attend to the care and preservation of all Government property in their charge.

Hospital corpsmen who are custodians of, or whose duties are concerned with the care of, medical department property are expected to do everything in their power to preserve such property and prevent its loss, waste, or unauthorized use. They also are expected to be thoroughly familiar with the instructions governing the custody of and accountability for medical department property as contained in the Navy Regulations and the Manual of the Medical Department.

As the details of the inspection and storage of medical department property vary with the location of activities they will not be discussed.

## DISPOSITION.

Fiduciary, or custodial, responsibility for medical department property can be terminated only through disposition by *consumption*, by *transfer*, or by *survey*. These items are explained as follows:

*Consumption* is the disposal of consumable supplies (medicines, biologicals, foodstuffs, fuel, etc.) by proper use.

*Transfer* is: (1) The disposal of either equipment or supplies, or both, by physical conveyance of such property from one activity to another with accompanying transfer of responsibility therefor, or (2) The transfer of responsibility for such property from one custodian to another, as when one medical officer is relieved by another.

*Survey* is the disposal of equipment or supplies, or both, in accordance with the recommendation of a survey board or surveying officer, with accompanying termination of custodial responsibility.

*Consumption.*—Supplies consumed or equipment properly disposed of in any given period results in a depletion of property inventories and a change in the total value of the stock on hand. Therefore records are needed to reflect the physical and financial changes and to provide an administrative control. The primary record used in connection with consumable supplies is the Issue Voucher, Navmed R. Some materials and services are issued without passing through the storeroom, such as payment of salaries and wages to civil employees; bulky stores such as coal or fuel oil; special medicines in small amounts procured locally and consumed immediately upon receipt; etc. Nevertheless an issue voucher, or other document, covering the issue of such supplies is essential: (1) To record the issue authorization; (2) to relieve the storekeeper of responsibility; and (3) to substantiate the necessary entries in the accounting records.

After materials are issued from the storeroom of a medical department activity the issue vouchers are completed by entering the unit and extension prices on them and the total quantity and cost of each item is then recorded as an expenditure on the respective ledger sheets of the appropriate ledger. Records of quantity and cost of materials withdrawn are tabulated from these vouchers and entered on ledger sheets. A recapitulation of the issues of consumable supplies is recorded in various accounting records and these recapitulations form the basis for the expenditure entries on certain financial reports submitted to the bureau.



*Transfer.*—Equipment and supplies under medical department cognizance may be transferred to another naval activity or to another Federal activity in emergencies or as a matter of expediency. Such a transfer constitutes an expenditure “by transfer.” The first step in the accounting procedure is the invoicing of the material on Receipt Expenditure Invoice, Navsanda 71. When receipted, this form constitutes the duly authenticated voucher required to substantiate the entries in the accounting records and reports with regard to the disposition of the material transferred.

When medical department property is transferred from the custody of a medical officer to that of his relief Navmed D is used. This type of transfer of property requires no entries in accounting records.

*Survey.*—Equipment that is in excess of requirements, missing, worn out, or otherwise unfit for use and supplies that are missing or unfit for use in unusual quantities must be made the subject of a property survey in order to dispose of them, to terminate custodial responsibility, and to provide for substantiation of the necessary entries in accounting records.

A property survey is the inspection of Navy materials (property) by a duly appointed officer or board of officers with a view of determining and reporting the facts regarding the designated property items and making appropriate recommendation concerning the disposition of such items.

Surveys are requested and the reports are recorded on the Bureau of Supplies and Accounts form Survey Request, Report, and Expenditure (Navsanda 154). Complete instructions governing survey procedures are contained in articles 1906 to 1918, inclusive, U. S. Navy Regulations, and paragraphs 3074 to 3077, inclusive, Manual of the Medical Department.

Surveys of property are of two types, formal and informal. A *formal survey* is a property survey performed by a surveying officer or survey board appointed by the senior officer present. A survey board consists of one or more naval officers, at least one of whom must be commissioned. An *informal survey* is a property survey performed by the head of department having charge of the property. No survey board or surveying officer is appointed in cases of informal survey.

To determine whether a property survey shall be formal or informal, with respect to medical department property, the instructions published in chapter 20, Manual of the Medical Department, should be followed.

A formal survey is required: (a) When an item of equipment has a book value in excess of \$25, or a group of identical items has a book value in excess of \$100; (b) when the head of department is not a commissioned officer; and (c) when specifically directed by the commanding officer of a ship, or the commandant, or commanding officer of a shore station.

An informal survey may be held when none of the foregoing restrictions apply.

The form used in connection with a property survey is divided into two parts, the upper half being used for listing the items to be surveyed and the lower half by the surveying officer or the survey board in reporting the *condition, cause, responsibility, recommendation, and appraised value* of the items appearing in the upper half of the sheet.

After the bureau has acted on a report of survey the original is returned to the activity concerned and the recommendations appearing thereon as "approved" or "approved as modified" should be carried out. The commanding officer appoints an officer to supervise the destruction of all items approved to be destroyed who, after destruction is completed, places an endorsement to that effect on the survey report. Items to be transferred for any purpose are disposed of in accordance with the recommendation for each of such items as it appears on the returned survey report.

The items of property disposed of by approved survey must be written off in the accounting records and as the returned survey report is the authority for their expenditure it must be retained in the files of the activity as an authenticating voucher therefor.

#### INVENTORY.

A physical inventory of supplies on hand and unexpended is made quarterly, and the supplies ledger reconciled with inventory. Any adjustments necessary shall be supported by a memorandum voucher bearing the medical officer's signature.

A physical inventory of equipment is made annually and when the medical officer is relieved. The annual inventory is reported by items to the bureau on Navmed Da and receipts are exchanged on Navmed D, Transfer of Property, when the custodian of property is relieved.

#### ACCOUNTING RECORDS, SHIPS AND STATIONS.

##### JOURNAL OF RECEIPTS AND EXPENDITURES.

Each ship and station (except naval hospitals) shall maintain a suitable blank book or loose-leaf sheets ruled to provide columns, in two sections, known as the Journal of Receipts and Expenditures. One section is for recording transactions having to do with equipment, the other is for supplies and services. Receipts should be shown on the left pages of each section and expenditures on the right ones. This journal is used to record data relative to each financial transaction involving the receipt and disposition of medical department property. It should be posted daily, or as frequently as may be necessary to keep the record up to date. Each entry shall be substantiated by a duly authenticated voucher, and the vouchers shall be preserved in such manner as to be readily accessible for reference or audit purposes. Activities that have numerous transactions may find it advantageous to employ a two-column arrangement for several columns to provide space for collecting related information, such as the identification numbers of purchase and stub requisitions, public vouchers, and surveys.

At the close of each quarter and upon decommissioning, each amount column of the journal shall be totaled and the sums entered on the *Statement of Receipts and Expenditures of Medical Department Property* (Navmed E.)

#### STATEMENT OF RECEIPTS AND EXPENDITURES OF MEDICAL

##### DEPARTMENT PROPERTY (NAVMED E).

This is the principal financial report required from ships and stations (except hospitals) having custody of medical department property. It is prepared from information classified, recorded, and summarized in the Journal of Receipts and Expenditures. Instructions covering the preparation and submission of this report are contained in Circular Letter F, Appendix D, Manual of the Medical Department. At present this report is required only from shore stations within the continental limits of the United States. It is not required to be submitted by ships or by stations overseas.

#### REPORT OF ALLOTMENT EXPENDITURES AND OBLIGATIONS (NAVMED B).

This report reflects the current status of allotments for a definite financial period, i. e., quarterly summaries of liquidated obligations, unliquidated expenditures prepared by medical department activities. Instructions covering preparation of this report are contained in Circular Letter F, Appendix D, Manual of the Medical Department.

#### EQUIPMENT LEDGER AND SUPPLIES LEDGER.

All activities charged with accountability for medical department property and/or required to render financial reports to the bureau shall maintain an Equipment Ledger and a Supplies Ledger. Recruiting stations are excepted from maintaining a Supplies Ledger. A separate ledger sheet (Navmed W) shall be maintained for each identical item of equipment or of supplies. All data indicated on the form should be recorded, additional descriptive data shall be added when necessary to accurately identify the item, and the use of control sheets for the respective classes of equipment or of supplies is recommended. These two ledgers plus the Journal of Receipts and Expenditures are the only books required to be kept on ships and stations other than hospitals.

Further details concerning finance and property in the medical department may be found in chapter 20 and Circular Letters F, Appendix D, Manual of the Medical Department, and in Section 2, Chapter XI, Handbook of the Hospital Corps, U. S. Navy, 1939, in which are illustrations of certain properly prepared accounting records.



## APPENDIX

In this appendix are shown reproductions of various routine reports and returns which have been mentioned in the text, and there are given a summary of all reports required from the medical department of ships, a summary of additional reports required from the medical department of yards and stations, and sample forms of official correspondence. The letter forms shown are prepared in accordance with articles in chapter 52 of U. S. Navy Regulations, some of which articles have been temporarily suspended, insofar as the bureaus and offices of the Navy Department and all shore stations are concerned, by order of the Secretary of the Navy.



# APPENDIX A

WMA-Form M  
(1940)

## REPORT OF MEDICAL SURVEY

Place U. S. Naval Air Station, Pensacola, Florida Date August 12, 1942  
(Name of hospital, ship, or station where survey is held)

From: Board of Medical Survey.

To: Commanding Officer.

For Transmission to the Bureau of Medicine and Surgery

Name JOE, John Thomas Rank or rate Sea2c, V-5, USNR  
(In full, surname first)  
Born: Place Pittsburgh, Pennsylvania Date March 21, 1920  
(Name of place and State or country)  
Enlisted or appointed: Date July 23, 1942 Place U. S. Naval Air Station,  
Pensacola, Florida  
Total service: Navy 20 days Marine Corps None Army None

### PRESENT REPORT OF CASE

Admitted from Naval Air Station, Pensacola, Florida Date August 12, 1942  
Diagnosis Inaufficiency Ocular Muscle #634 Key letter --- Specialty letter ---  
(From navy nosology, under which carried on sick list)  
Disability is not the result of his own misconduct and was not incurred in line of duty  
(If or is not) (Was or was not)  
Existed prior to enlistment Yes If "Yes," was condition aggravated by service? No  
(Yes or No) (Yes or No)  
Present condition Not fit for duty involving flying. Probable future duration Permanent  
Recommendation That he be retained in the U. S. Naval Reserve.

FACTS ARE AS FOLLOWS: This Seaman Second Class was examined in September, 1941, at the Naval Aviation Selection Board, Pittsburgh, Pennsylvania, and failed his eye examination. He went to an oculist, who told him he had exophoria and prescribed a system of eye exercises and avoidance of close work. He returned in October, 1941, and passed his aviation physical examination. He states that he has never had diplopia. He was examined at this station on 7-26-42, after having had very little sleep during the previous 48 hours. Findings were: At 6 meters, exophoria 11, prism divergence 13 and diplopia on red lens test in all positions at 15 cm. from primary position. He was found not physically qualified for duty involving the actual control of aircraft, but physically qualified for commission in the U. S. Naval Reserve. On August 12, 1942, he was re-examined and at 6 meters had exophoria 7, prism divergence 13, and diplopia in all positions 40 cm. from primary position. He is not physically qualified for duty involving actual control of aircraft, but is physically qualified for commission in Class A-V(S), U. S. Naval Reserve. Application for commission is pending.

W. T. HATCH  
CAPTAIN (C) U. S. Navy.  
10-11220 Senior Member of Board.

CHARLES NOBLE,  
CDR. (HQ) U. S. Navy.  
Member.

LT. Y. GRACIOUS  
CDR. (NG) U. S. Navy.  
Member.



# APPENDIX B

NMS-Form U  
(1939)

## Report of Civilian Medical, Dental, and Hospital Treatment of the Personnel of the Navy and Marine Corps

1. Name FISH, John Brown Rank or rate AMM 2c USN  
(In full—surname in all caps) (In full—surname in all caps)
  2. Place of birth Chicago, Illinois Date of birth December 15, 1920
  3. Station or vessel to which attached USNAS, Pensacola, Florida
  4. Diagnosis Intracranial Injury #2543, key letter "O"
  5. Prognosis Good
  6. Status (duty, on liberty, or on leave) Liberty from 1500 August 8, 1942  
(If on liberty or leave, state exact period for which granted and hour and dates from and to)  
till 0700 August 9, 1942.
  7. Circumstances Passenger in automobile which left road and collided with a tree  
on Route 90, 5 miles west of Mobile, Alabama.
  8. Disposition Presbyterian Hospital, Mobile, Alabama, as emergency.
  9. Give dates on or between which services were rendered August 8, 1942-August 13, 1942.  
Inclusive
  10. By whom were the services rendered or supplies furnished? Presbyterian Hospital,  
(Name all persons, firms, or institutions)  
Mobile, Alabama; Dr. J. T. McPherson, 10 No. Call St., Mobile, Alabama.
  11. Were the services necessary and authorized (if so, by whom and how)? Necessary and authorized  
by Commandant, USNAS, Pensacola, Fla., by telephone.
- Note.—Where authority is given in writing, a certified copy of same should be attached to this form. Where authority is given verbally, a certificate of the officer granting same should be attached, and should show when and how the services were authorized.
12. Were the services of a naval medical (or dental) officer or a naval hospital available? \_\_\_\_\_  
No.
- |   |                                     |
|---|-------------------------------------|
| Date <u>August 13, 1942</u>                   | W. T. HATCH                         |
| <u>USNAS</u>                                  |                                     |
| Place <u>Pensacola, Fla.</u>                  | <u>Captain (MC)</u> <u>U. S. N.</u> |
| <small>(Station of reporting officer)</small> |                                     |
- (TO BE FILLED OUT IN CASE OF AN OFFICER)
13. Date of orders \_\_\_\_\_
  14. Name of disbursing officer carrying his accounts \_\_\_\_\_
  15. Has ration notice been issued? \_\_\_\_\_

16-10890

# APPENDIX C

ORIGINAL

S. and A. Form 35-L  
Form approved by Comp. Gen., U. S.  
Revised, Feb. 1933

## MISCONDUCT REPORT (Use for reporting admission and again for discharge)

Pay No. \_\_\_\_\_

DCE, John (n)

(Name in full)

USNAS, Pensacola, Fla.

(Ship or station)

4444 44 44

(Service number)

Sea 1c USN

(Rank or rating)

9-9-42

(Date)

To: Commanding Officer

NAS, Pensacola, Florida

(Ship or station to which patient is attached)

The above-named man has been found incapacitated for duty as a result of his own

Other misconduct

(Intemperate use of drugs—intemperate use of alcoholic liquors—other misconduct)

From:

9-9-42

(Date of admission)

To:

(Date of discharge)

### IN CASE OF VENEREAL DISEASE:

Date of appearance of initial lesion or symptom of venereal disease covered by this report

9-9-42

(See G. O. 20, par. 4)

(Forward in triplicate—original and first copy signed)

W. P. HATCH, Comdr. (MC) USN.

(Signature—name—rank of medical officer)

(Ship or station)

(Date)

1. The account of the above-named man will be adjusted under the foregoing report and appropriate entries thereof placed in his service record.

2. If the initial symptom or lesion appeared more than one year prior to date of admission for venereal disease covered by this report, no adjustment of account is necessary. (See G. O. 20, par. 4.)

(Original and second copy to disbursing officer.  
First copy to service file)

A25

(Signature—name—rank)

Commanding.

C. O. Record No.

U. S. GOVERNMENT PRINTING OFFICE 16-10109

A25

This copy to be signed by medical officer and by commanding officer and filed by disbursing officer  
with his original accounts to General Accounting Officer

# APPENDIX D

9. and A. Form 154  
(Feb. 1941)

## SURVEY REQUEST, REPORT, AND EXPENDITURE

U. S. NAVAL AIR STATION, PENSACOLA, FLORIDA, No. 1-44

### REQUEST

(To be prepared by supply officer, or head of Department)

Date 2 July 1943

It is requested that the items listed below be surveyed in accordance with Arts. 1906-1918, N. R.

Reason Worn-Broken-Missing-in excess

(Signed) John Doe  
Captain (MC) U. S. N.

Account 204 Appropriation MEDICAL DEPARTMENT

Title

ITEM	QUANTITY	ARTICLE	IDENTIFYING MARKS, ETC.	DATE AND FROM WHOM RECEIVED	PRICE AT WHICH CARRIED
		Class 6 - EQUIPMENT (non-expendable) Hospital and Nursing			
1.	20	Gown, operating, large	6-100	NMSD, Bklyn 6-1-41	\$19.80
2.	1	Litter, metal (Stokes)	6-140	NMSD, Bklyn 8-1-40	15.00
3.	1	Sterilizer, instrument, electric, 13x5x3 3/4"	6-245	NMSD, Bklyn 9-1-42	25.00
4.	10	Towel, hand	6-265	NMSD, Bklyn 9-1-41	1.00
					<u>\$60.80</u>

### REPORT

(To be prepared by head of Department, or by surveying officer(s) if so directed below)

ITEM	CONDITION, CAUSE, RESPONSIBILITY, AND RECOMMENDATION				APPRAISED VALUE
1.	Worn out	Use	None	Destroy - Use for cleaning rag	\$0.00
2.	Broken	Use	None	Yard scrap heap	0.00
3.	Good	In excess	None	To NMSD, Brooklyn, N.Y.	25.00
4.	Missing	Unknown	Cannot be fixed	To loss. Disciplinary action not indicated.	0.00
					<u>\$25.00</u>
Items 1, 2 and 4 - Replacement required.					
Item 3 - Replacement not required.					

The above items have been carefully surveyed in accordance with Sec. 3, Chap. 49, N. R., and report is made thereon as indicated above.

John Doe, Captain (MC) USN

Date 2 July, 1943

(Signed by surveying officer or head, or by head of Department)

### ACTION OF COMMANDANT OR COMMANDING OFFICER

Expend without formal survey, in accordance with Arts. 1909, 1914, N. R.

Date 3 July, 1943

OR

W. T. HATCH, Captain, U. S. Navy

....., and  
..... U. S. N., { is } hereby designated as surveying officer(s) for the above articles or  
{ are }  
material, in accordance with Art. 1910, N. R.

Date .....

(Commandant or commanding officer)

### ACTION BY REVIEWING OFFICER AFTER FORMAL SURVEY

Items ..... Approved.

Items ..... Disapproved.

Forwarded to the Bureau of ..... for action.

Date .....

The above articles have been expended from the records at \$..... 35.80

Final expenditure: Charged to Title ..... Account 204, App'n .....

Transferred to N.M.S.D., Brooklyn, New York \$25.00.

Space for Bureau approval if necessary.

Expended } 1. ARMSTRONG ..... 1943, the above-mentioned articles.

15 JULY 1943

APPROVED

BUREAU OF MEDICINE AND SURGERY

U. S. GOVERNMENT PRINTING OFFICE 623-5700

John Doe, Captain (MC) ..... U. S. N.

L. Sheldon Jr.  
Acting

(Expend after Bureau approval)



# APPENDIX E

G. and A. Forms No. 74  
Revised May 1952

T.V.I. No. 23-1945

## RECEIPT EXPENDITURE INVOICE

JULY 1, 1942, 19...

Medical Officer in Command, Commanding Officer, U.S. Naval Air  
From ~~SCS~~ U.S. Naval Hospital, Bethesda, Md. To Station, Pensacola, Florida.  
(Yard or Vessel)

Account from which expended BuNAS letter P3-3/P3-1(054-40) To title and account  
Authority dated 2-12-42. Appropriation chargeable

ITEM No.	STANDARD STOCK CATA- LOGUE NO. OR CLASS NO.	DESCRIPTION OF ARTICLE	QUANTITY DELIVERED	UNIT OF QUANTITY	UNIT PRICE	EXTENSION
1.	57 G.S.S.	UNIT, photofluorescopic, 35mm. with all accessories.....	1	1		5,386 00
TOTAL						5,386 00

G. O. HATCH,

Captain (MC), U. S. Navy.

RECEIVED July 5, 1942, 19..., the above-mentioned articles accompanied by priced invoice.

TVR 1-43

JOHN DOE P16

Captain (MC), U. S. Navy.

U. S. GOVERNMENT PRINTING OFFICE 6-582

# APPENDIX F

Standard Form No. 1084-Rev.  
Form approved by  
Comptroller General, U. S.  
May 28, 1938  
(Gen. Reg. No. 81, Supp. No. 7)

## PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

D. O. Van No. 1-1-1943  
Reg. I-PV-1-1943

GENERAL ACCOUNTING  
OFFICE PREAUDIT  
Certified for payment in the  
sum of \$.....  
Comptroller General of the  
United States  
By .....

U. S. NAVY DEPARTMENT Medicine and Surgery  
(Department, bureau, or establishment)  
Voucher prepared at U. S. N. Air Sta. (204) Pensacola, Fla..  
THE UNITED STATES, Dr., (Give place and date) 7/5/42  
To Moulton's Apothecary (Payee)  
Address 15 W. Garden St., Pensacola, Fla..  
Payee's Account No. ....

PAID BY  
  
  
(For use of Paying Office)

No. and Date of Order	Date of Delivery or Service	Articles or Services (Enter description, item number of contract or general supply schedule, and other information deemed necessary) Terms % Discount Cash ..... days	Quantity	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
#1-43 7-2-42	7-5-42	Brought forward from continuation sheet(s)  A. uninum Citrate, 1/2-lb. bottle	1	1.43	1/2-lb. bot.	1	43

Shipped from ..... to ..... Weight ..... Government B/L No. .... Total ..... 1 43

I certify that the above bill is correct and just; that payment therefor has not been received; and that except as otherwise noted all of the articles, materials, and supplies furnished under purchase order No. .... if unmanufactured articles, materials, and supplies, have been mined or produced in the United States, and if manufactured articles, materials, and supplies, they have been manufactured in the United States substantially all from articles, materials, or supplies mined, produced, or manufactured, as the case may be, in the United States; and that State or local sales taxes are not included in the amounts billed.

(Payee must NOT use this space)  
Differences .....  
Account verified; correct for .....  
(Signature or initials) .....

\*Payee (This certificate not required when a like certificate is made by payee on attached bill or bills)  
(Sign original only)  
Per ..... Title .....

Contract No. .... Date ..... Reg. No. M&S-1-43 Date 2/15/42 Invoice Rec'd 7/5/42

Pursuant to authority vested in me, I certify that the above articles were received in good condition, after due inspection, acceptance, and delivery prior to payment as required by law, or the services were performed as stated; that they were procured under the contract numbered above or the unnumbered contract attached hereto, or that they were procured without written contract, in open market, and with or without advertising, under the circumstances stated in No. .... of "Method of or Absence of Advertising" shown on reverse hereof, and were necessary for the public service; and that the prices charged are just and reasonable and in accordance with the agreement.

Approved for \$..... (Sign original only) ..... John Doe

Title Captain (MC) US Navy

ACCOUNTING CLASSIFICATION (for completion by Administrative Office)						
Appropriation, limitation, or project symbol	Appropriation title			Limit'n or Proj't Amount	Appropriation Amount	
1731102	Medical Department, Navy 1943				1.43	
Allocation symbol	Amount	Encumbrance liquidated	COST ACCOUNT		OBJECT OF EXPENDITURE	
			Symbol	Amount	Symbol	Amount
7/3236/03-06			12 "0"	1.43		

Paid by { Check No. .... dated 19... for \$..... } { on Treasurer of the United States in favor of payee named above.  
Cash, \$..... on 19... Payee .....

\*When a voucher prepared or received in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the company to which the voucher is payable, must be written in the space provided for the signature of the Treasurer, as the case may be. If the ability to certify and authorize to approve are combined in one person, one signature only is necessary, otherwise the approving officer will sign in the blank space below "Approved for \$.....", and give his official title.

Per ..... Title .....

## No. \_\_\_\_\_

NMS-Form 28  
(1940)

(1940)

Saufley Field Dispensary

(Department)

## ISSUE VOUCHER

The following supplies (expendable) are required for use in this department:

(Signature) .....

10-16841		(Signature)		
STOCK NO.	QUANTITY	ARTICLES	UNIT COST	TOTAL COST
1-975	1	Acid, Acetylsalicylic, 0.324 Gm., Bottle		
2-445	3	Gloves, Rubber, Operating, Size 7, Pair		
2-555	1	Needle, Hypodermic, Length, 3/4" 23 G. Dozen		
2-830	2	Pins, Safety, Medium, Dozen		
2-840	2	Adhesive Plaster, 12" x 5 yds., Rolls		
2-870	1	Sheet, Rubber		
2-1315	1	Tongue Depressor, Wood, 500 in. pkg.		
4-120	2	Box, Ointment, Tin, Dozen		
4-805	1	Paper, Wrapping, Blue, Quire		

Posted to:

Shelf record card .....

Stock ledger .....

Ex. analy. reg. ....

Approved \_\_\_\_\_

Date \_\_\_\_\_

Received the above .....

Total issue



APPENDIX H

MADE OUT IN QUADRUPPLICATE

WHEN MEDICAL DEPARTMENT PROPERTY IS TRANSFERRED FROM CUSTODY OF ONE MEDICAL OFFICER TO ANOTHER. Original copy to: BuM&S. Copy for each Medical Officer. Copy for file.

N.M.S.D.

Issue 1938



Form D.

U. S. Naval Air Station, Pensacola, Florida

September 10, 1942

TO: BUREAU OF MEDICINE AND SURGERY.

SUBJECT: ~~Inventory~~ Transfer of property, Medical Dept., U. S. N.

1. Forwarded.

2. Value.

Nonexpendable property \$ 2,000.00

Expendable property \$ 1,000.00

Total \$ 3,000.00

W. T. HATCH, Captain (MC), U.S.N.

(The statement below is to be accomplished only when supplies, etc., are transferred, due to change of Medical Officer or Hospital Corpsmen.)

U. S. Naval Air Station, Pensacola, Florida

September 10 1942

Property under cognizance of the Bureau of Medicine and Surgery, Navy Department, as per inventory { on file }, value as stated above, has been received.

CHARLIE NOBLE, Captain (MC) USN.

NOTE: Original copy to Bureau of Medicine and Surgery.

6-2190

GOVERNMENT PRINTING OFFICE

MOULTON'S APOTHECARY,  
15 W. Garden Street,  
Pensacola, Florida.

To: Senior Medical Officer,  
Yard Dispensary,  
U.S. Naval Air Station,  
Pensacola, Florida.

Order No. M&S.-#1-1943      Ju  
Appropriation 1731102  
MEDICAL DEPARTMENT, NAVY, 1943.

July 3, 1942.

Item No.	Description	Price	Total
1.	Aluminum Citrate, $\frac{1}{4}$ lb. bottle	\$1.43	\$1.43

"I certify that the above bill is correct and just; that payment therefor has not been received; that all statutory requirements as to labor standards, and all conditions of purchase applicable to the transactions have been complied with; that State or local sales taxes are not included in the amounts billed."

USNAS, PENSACOLA, FLA., 7-5-42.  
RECEIVED, INSPECTED, AND PASSED.

/s/ J. BUSH,  
Pharm., U.S.N.

MOULTON'S APOTHECARY  
By M. R. Kee, Manager

## S. and A. Form 120—(Revised May 1935)

[illegible]

**APPENDIX K**  
**REQUISITION AND INVOICE**  
**MEDICAL SUPPLIES AND EQUIPMENT**

U. S. NAVAL AIR STATION Requisition No. SD- 1-1943  
PENSACOLA, FLORIDA Date July 4, 1942, 19    

To: *The Chief of the Bureau of Medicine and Surgery.*

Forwarded. Approved.

Submitted.

W. T. HATCH, Captain, U. S. N. JOHN DOE, Captain (MC), U. S. N.

NAVY DEPARTMENT, BUREAU OF MEDICINE AND SURGERY.

Approved. Material will be furnished by the Naval Medical Supply Depot, \_\_\_\_\_, 19\_\_\_\_

Submit in QUADRUPLICATE. \_\_\_\_\_ copy.  
(Insert "Original," "Second," "Third," or "Fourth") \_\_\_\_\_ Chief of Bureau.

Allocation No.	Total allotment	Previously obligated	Est. cost of this requisition	Available balance	Average complement	Account No.	Reserve for NMBSB Brooklyn	Code No.
SD- 3789	\$ 40,000.00	\$ 0.00	\$ 64.49	\$ 39,935.51	12,000	204		5605

Box No.	Item No.	Stock No.	ITEM	Unit	Minimum stock	On hand	Re-quired	VALUE
			DRUGS, CHEMICALS & BIOLOGICALS, Class No. 1, SUPPLIES (expendable).					
	1.	1-015	ACETOPHENETIDIN. 1-oz.	ctn.	100	50	100	
	2.	1-035	ACID, Boric. 1-lb.	ctn.	50	30	50	
	3.	1-175	BISMUTH SUBNITRATE. 4-lb.	bot.	40	20	25	
			SURGICAL, Class No. 2, SUPPLIES (expendable).					
	4.	2-085	BANDAGE, gauze, 1-inch.	dozen	50	25	50	
	5.	2-425	GAUZE, plain. 25-yd.	roll	50	25	50	
			SPECIAL DEPARTMENT, Class No. 4, SUPPLIES (expendable).					
	6.	4-095	BOTTLE, 1-fl. oz.	dozen	15	10	10	
	7.	4-100	BOTTLE, 2-fl. oz.	dozen	20	10	20	
			DENTAL, Class No. 11, SUPPLIES (expendable).					
	8.	11-155	BAG, paper. 100-in-package		10	6	10	

P4



**PROSPECTIVE MOVEMENTS DURING ENSUING TWO MONTHS**  
(ships and mobile organizations only)

Name of Port	Probable date of—		Name of Port	Probable date of—	
	Arrival	Departure		Arrival	Departure
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....

EXPLANATORY REMARKS (See Circular Letter F, Appendix D, Manual of the Medical Department):

**RECAPITULATION OF INVOICED VALUES**

Sub-head	Class No.	Name of class	Nonlisted classes		Part II classes	Part I classes	Totals
SUPPLIES							
06	1	Drugs, chemicals, and biologicals.....	\$.....		\$.....		\$.....
07	2	Surgical supplies.....					
08	4	Special department supplies.....					
11	7	Office supplies.....					
52	9	Mortuary supplies.....					
10	11	Dental supplies.....					
59	13	Field supplies.....					
11	16	Blank forms.....					
SUBTOTALS, SUPPLIES.....							
EQUIPMENT							
60	3	Surgical instruments and appliances.....					
60	5	Special department equipment.....					
60	6	Hospital and nursing equipment.....					
65	8	Office equipment.....					
73	10	Mortuary equipment.....					
64	12	Dental equipment.....					
74	14	Field equipment.....					
72	15	Books.....					
SUBTOTALS, EQUIPMENT.....							
TOTALS, SUPPLIES AND EQUIPMENT.....			\$.....		\$.....		\$.....

**RECEIPT ENDORSEMENT**

....., 19.....

The material invoiced has been received in good condition, except as noted.

Exceptions .....

....., U. S. N.

**SHIPPING INFORMATION**

(Entered by issuing depot on third copy only)

Shipment consigned to .....

Manner of shipment	Name of initial carrier	Bill of lading or registry No.	Date shipped	Scheduled sailing date (ships only) and notes
Mail.....	Post Office Department.....			
Air express.....	Railway Express Agency.....	N-.....		
Railway express.....	Railway Express Agency.....	N-.....		
Rail, freight.....	.....	N-.....		
Ship, freight.....	.....	N-.....		

**INSTRUCTIONS FOR REQUISITIONING MEDICAL STORES**

References: Articles 1396, 1164, 1165, and 1166, Navy Regulations.  
 Paragraphs 3022, 3023, 3033, 3042, 3046, 3049, 3051, 3052, 3053, 3058, 3069, 3073, and 3442, Manual of the Medical Department.  
 Detailed instructions for the preparation and submission of requisitions for medical stores are contained in Circular Letter F, Appendix D, Manual of the Medical Department.

N. M. S.-Form B  
(1941)

QUARTER ENDED 30 September, 1943

FROM: U. S. (Name of Activity)

Date 3 October, 1943

1. Allotment number.....
2. Annual allotment—plus increases, less decreases.....
3. Expenditures previously reported.....
4. Apportionment for this quarter.....
5. Obligations brought forward.....
6. TOTAL AMOUNT AVAILABLE.....
7. Expenditures this quarter.....
8. Obligations unliquidated.....
9. Unobligated balance.....
10. TOTAL (to agree with line 6).....

MEDICAL DEPARTMENT (1)	NORTH HAVEN PORT (2)	CALCULATION (3)	SUPPLY DEPOT (4)
2376			1250
XXXXXX	XXXXXX	XXXXXX	\$ 5,000.00
\$ 2,400.00	XXXXXX	XXXXXX	0.00
0.00	\$	\$	XXXXXX
\$ 2,400.00	\$	\$	XXXXXX
\$ 2,129.95	\$	\$	\$ 5,000.00
175.00			\$ 1,294.06
95.05			118.97
\$ 2,400.00	\$	\$	3,588.97
			\$ 5,000.00

1. NSA materiel (summary NSA stub req. only).....
2. Work requests (supply officer's S&A 280 only).....
3. Annual req. No. 1-44(PV#1-1) to PV#..... inclusive).....
4. Annual req. No. 2-44(PV#2-1) to PV#..... inclusive).....
5. Annual req. No. .... (PV#..... to PV#..... inclusive).....
6. Annual req. No. .... (PV#..... to PV#..... inclusive).....
7. Annual req. No. .... (PV#..... to PV#..... inclusive).....
8. Provision contracts..... (PV#..... to PV#..... inclusive).....
9. Other charges (list separately):
  - (1) M&S Reqn. #2-43 Cont.No.15673
  - (2) M&S Spec. Reqn. No. 4-44
  - (3) E/L No. 1967 (Trans. of remains
  - (4) Civil Payrolls
  - (5) .....
  - (6) .....
  - (7) .....
  - (8) .....
  - (9) .....
  - (10) .....
  - (11) .....

Total <del>Money</del> <del>Expenditure</del>	<del>Money</del> <del>Expenditure</del> Provisions	<del>Money</del> <del>Expenditure</del> Care of the dead	Other <del>Expenditure</del> Expenditures
\$ 71.30	\$	\$	\$ 71.30
22.50			22.50
79.85	39.25		40.60
35.00		35.00	
1,250.00			1,250.00
55.00			55.00
76.50		76.50	
540.00			540.00
\$ 2,129.95	\$ 39.25	\$ 111.50	\$ 1,979.20

(A) SUPPLY DEPOT ALLOTMENT TRANSACTIONS COMPLETED DURING CURRENT QUARTER

[illegible][illegible]

# ANALYSIS OF ALLOTMENT EXPENDITURES AND OBLIGATIONS

Table 4. BY OBJECTS AND SUBHEADS

OBJECT AND SUBHEAD	XXXXXXXXXXXXXXXXXXXX No. .... Final year 12 Expenditures	XXXXXXXXXXXX No. .... Obligations	XXXXXXXXXXXX No. .... Final year 12 Totals
(1)	(2)	(3)	(4)
0101	360.00	16.00	376.00
0102	180.00	8.00	188.00
0351	76.50	0.00	76.50
0716	22.00	46.00	67.00
0740	25.10	0.00	25.10
0750	12.50	0.00	12.50
0752	22.50	0.00	22.50
0806	16.85	17.50	33.35
0807	1.50	6.50	8.00
0808	0.00	5.50	5.50
0810	2.75	7.00	9.75
0811	5.70	3.25	8.95
0813	39.25	19.25	58.50
0818	25.30	0.00	25.30
0860	0.00	47.00	47.00
0865	55.00	0.00	55.00
0868	1,250.00	0.00	1,250.00
0959	35.00	0.00	35.00
TOTALS	2,129.95	175.00	2,304.95

## RECAPITULATION

Supplies	\$ 789.95	\$ 128.00	\$ 917.95
Equipment	1,340.00	47.00	1,387.00
Land and building	0.00	0.00	0.00
TOTALS	\$ 2,129.95	\$ 175.00	\$ 2,304.95

## REMARKS:

\* Priced Invoice Received; Material  
Not Received

Table 5. BY CLASSES AND SUBHEADS

(A) SUPPLIES		8D ALLOTMENT No.
S. C. class	Amount	Subhead totals
1	\$ 140.39	
SUBHEAD 06		\$ 140.39
2	786.01	
SUBHEAD 07		786.01
4	174.00	
SUBHEAD 08		174.00
11	84.15	
SUBHEAD 10		84.15
7	15.36	
16	0.00	
SUBHEAD 11		16.36
13	0.00	
SUBHEAD 59		0.00
TOTAL SUPPLIES		\$ 1,200.91
(B) EQUIPMENT		
3	\$ 52.00	
5	15.15	
6	20.00	
SUBHEAD 60		\$ 87.15
12	0.00	
SUBHEAD 64		0.00
8	0.00	
SUBHEAD 65		0.00
15	6.00	
SUBHEAD 72		6.00
14	0.00	
SUBHEAD 74		0.00
TOTAL EQUIPMENT		\$ 93.15
(C) MORTUARY SUPPLIES AND EQUIPMENT		
9	\$ 0.00	
SUBHEAD 52		\$ 0.00
10	0.00	
SUBHEAD 73		0.00
TOTAL MORTUARY SUPPLIES AND EQUIPMENT		\$ 0.00
(D) RECAPITULATION		
Supplies		\$ 1,200.91
Equipment		93.15
Mortuary supplies and equipment		
TOTAL RECEIPTS		\$ 1,294.06

ABEL BAKER

Commander, Medical Corps U.S. Navy.



## APPENDIX M

N. M. S. - Form B  
 (1944)  
**REPORT OF ALLOTMENT EXPENDITURES AND OBLIGATIONS**  
 "Special Navmed Form B - Chargeable  
 to a special allotment  
 Maintained in BuMed."

QUARTER ENDED 30 September, 1943  
 FROM: U. S. (Name of Activity) \_\_\_\_\_ Date 3 October, 1943

Table 1. STATUS OF ALLOTMENTS

	MEDICAL DEPARTMENT (1)	NAVY MEDICAL DEPT. X (2)	CHEM. MEDICAL (3)	SUPPLY DEPT. (4)
1. Allotment number.....	BuMed			
2. Annual allotment—plus increases, less decreases.....	XXXXXXXX	XXXXXXXX	XXXXXXXX	\$.....
3. Expenditures previously reported.....	XXXXXXXX	XXXXXXXX	XXXXXXXX	
4. Apportionment for this quarter.....	\$ 0.00	\$.....	\$.....	XXXXXXXX
5. Obligations brought forward.....	0.00			XXXXXXXX
6. TOTAL AMOUNT AVAILABLE.....	\$ 0.00	\$.....	\$.....	\$.....
7. Expenditures this quarter.....	\$ 35.00	\$.....	\$.....	\$.....
8. Obligations unliquidated.....	\$2.00			
9. Unobligated balance.....	0.00			
10. TOTAL (To agree with line 6).....	\$ 77.00	\$.....	\$.....	\$.....

**Table 2.**  
**ANALYSIS OF COMPLETED APPROPRIATIONAL**  
**ALLOTMENT TRANSACTIONS**

Table 2. ANALYSIS OF COMPLETED APPROPRIATIONAL ALLOTMENT TRANSACTIONS	Total	GENERAL INVESTIGATIVE FUND		Other
	<del>GENERAL INVESTIGATIVE FUND</del> Expenditures	Provisions	Care of <del>GENERAL INVESTIGATIVE FUND</del> the dead	<del>GENERAL INVESTIGATIVE FUND</del> Expenditures
1. NSA material (summary NSA stub req. only).....	\$.....	\$.....	\$.....	\$.....
2. Work requests (supply officer's S&A 280 only).....	.....	.....	.....	.....
3. Annual req. No. <u>3</u> (PV# <u>3</u> to PV# ..... inclusive)	.....	.....	.....	.....
4. Annual req. No. .... (PV# ..... to PV# ..... inclusive)	<u>35.00</u>	.....	.....	<u>35.00</u>
5. Annual req. No. .... (PV# ..... to PV# ..... inclusive)	.....	.....	.....	.....
6. Annual req. No. .... (PV# ..... to PV# ..... inclusive)	.....	.....	.....	.....
7. Annual req. No. .... (PV# ..... to PV# ..... inclusive)	.....	.....	.....	.....
8. Provision contracts (PV# ..... to PV# ..... inclusive)	.....	.....	.....	.....
9. Other charges (list separately):	.....	.....	.....	.....
(1) .....	.....	.....	.....	.....
(2) .....	.....	.....	.....	.....
(3) .....	.....	.....	.....	.....
(4) .....	.....	.....	.....	.....
(5) .....	.....	.....	.....	.....
(6) .....	.....	.....	.....	.....
(7) .....	.....	.....	.....	.....
(8) .....	.....	.....	.....	.....
(9) .....	.....	.....	.....	.....
(10) .....	.....	.....	.....	.....
(11) .....	.....	.....	.....	.....
10. TOTALS	\$ <u>35.00</u>	\$.....	\$.....	\$ <u>35.00</u>

**Table 3.** ANALYSIS OF SUPPLY DEPOT ALLOTMENT TRANSACTIONS

[illegible]



# APPENDIX N

NMS-Form F  
(1940)

Sheet No. 1

## ABSTRACT OF PATIENTS (To the Bureau of Medicine and Surgery)

U. S. Naval Hospital, Bethesda, Maryland

(Name and location of ship or station)

Date April 30, 1943

(For month or period ending at midnight of above date)

Forwarded JOHN HARPER

Submitted

CAPTAIN (MC)

U. S. NAVY

(Signature)

(MC), U. S. Navy

Instructions: This form shall be prepared and forwarded to the Bureau of Medicine and Surgery, Navy Department, in accordance with paragraphs 2405 and 2407, Manual of the Medical Department. In the following table the sum of "Taken up as" must equal the sum total of "Disposition."

Commissioned --- Out of commission --- Average strength 632

SUMMARY FROM FORM F, CARDS FORWARDED	TAKEN UP AS—				DISPOSITION							NUMBER OF SICK DAYS
	Remaining from last year	Admitted	Admitted, contribu- tory disability	Read- mitted	Duty	Diag- nosis changed	Died	Inva- lided from service	Ret.	Trans- ferred	Con- tinued to next year	
Total for diseases	2	4	2	9	10	4	0	2	0	1	---	408
Total for injuries (Including poison)	---	0	0	3	2	1	0	0	0	0	---	126
Grand total	2	4	2	12	12	5	0	2	0	1	---	534

Taken up as—	Name (In full, surname first, in strictly alphabetical order)	Rank or rate	Diagnosis (Key and specialty letters for injuries)	Sick Days
RA	AARON, Robert Yancey	S2cUSNR	Tonsillitis, Chronic	16
RA	ABBE, William Whipple	S2cUSNR	Pharyngitis, Acute	7
A	AMONRUD, Helen Louise	PhM3cV10 USNR	Catarrhal Fever, Acute	4
RA	BOHN, William Elvin	Lt. USNR	Wounds, Multiple KL H	40
RA	BOOTH, Roma Dencil	AS USN	Epilepsy	66
---	BROWN, Robert Harvey	CCM FNR	Tuberculosis, Pulmonary, Chronic, Active, Moderately Advanced	104
A	BUSLER, Cleo (n)	PhM2cUSNR	Alcoholism, Acute	20
RA	CAMP, James Melbourne	AS USNR	Hypertension, Arterial	14
A	CAMP, James Melbourne	AS USNR	German Measles	1
---	CURTIN, William Michael, Jr.	AS USNR	Dementia Praecox	97
RA	KEELY, William Howard	EM3cUSNR	Catarrhal Fever, Acute	4
ACD	KEELY, William Howard	EM3cUSNR	Otitis Media, Acute	14
RA	LA SALLE, Reginald Sanford	GM1cUSNR	Fracture, Simple, Rt. Fibula KL C	77
RA	LAWSON, Edward Roy	Cpl. USMC	Gastritis, Acute	13
A	LAWSON, Edward Roy	Cpl. USMC	Fungus Infection, Skin, Feet	8
RA	LEVY, Jacob (n)	S2cUSNR	Tonsillitis, Acute	5
ACD	LEVY, Jacob (n)	S2cUSNR	Sinusitis, Frontal	13
RA	RUTKOSKI, Joseph John	S1cUSNR	Fracture, Simple, Nasal Bone KL N	9
RA	THEODOS, Angelos Christ	RM2c USN	DU (Appendicitis, acute)	3
RA	THEODOS, Angelos Christ	RM2c USN	Appendicitis, Acute	19

(Continued on other side)

16-15805



# APPENDIX O

NMS-Form F Card (1942)		INDIVIDUAL STATISTICAL REPORT OF PATIENT				16-2714-1 GPO	
DO NOT WRITE IN THIS SPACE	1. NAME (In full, surname first) ELDER, Gerald Paul 223-99-37					9. DIAG. CHANGED (C) To—	
	2. RACE W US		DATE OF BIRTH 5-18-23		PLACE OF BIRTH Florida		
	3. RANK OR RATE AMC3CUSN		AVIATION N. FL.		LENGTH OF SERVICE 1yr. 8mos.		
	4. DIAG. No. 801		DIAGNOSIS TITLE (Navy nomenclature) CATARRHAL FEVER, ACUTE				
	5. TAKEN UP AS A		DATE 9-7-42		DISPOSITION D		
	6. EPTET no		PREVIOUSLY TAKEN UP? —		DATE —		
	7. PATIENT RECEIVED FROM—		DATE —		KEY —		
	8. TRANSFERRED AS A PATIENT TO—		DATE —		SPECIALTY —		
	9. PATIENT RECEIVED FROM—		DATE —		KEY —		
	10. PATIENT RECEIVED FROM—		DATE —		KEY —		
11. THIS CARD SENT FROM— USNAS PENSACOLA, FLORIDA					12. REMARKS		

File Copy

NMS-Form F Card (1942)		INDIVIDUAL STATISTICAL REPORT OF PATIENT				18-2714-1 GPO	
DO NOT WRITE IN THIS SPACE	1. NAME (In full, surname first) SHANKS, John Campbell					9. DIAG. CHANGED (C) To—	
	2. RACE W US		DATE OF BIRTH 6-12-01		PLACE OF BIRTH New York		
	3. RANK OR RATE Lt. USNR		AVIATION H. FL.		LENGTH OF SERVICE 2yrs. 1mo.		
	4. DIAG. No. 2531		DIAGNOSIS TITLE (Navy nomenclature) FRACTURE, SIMPLE (left fibula)				
	5. TAKEN UP AS A		DATE 9-6-42		DISPOSITION T		
	6. EPTET no		PREVIOUSLY TAKEN UP? —		DATE —		
	7. PATIENT RECEIVED FROM—		DATE —		KEY —		
	8. TRANSFERRED AS A PATIENT TO—		DATE —		SPECIALTY —		
	9. PATIENT RECEIVED FROM—		DATE —		KEY —		
	10. PATIENT RECEIVED FROM—		DATE —		KEY —		
11. THIS CARD SENT FROM— USNAS PENSACOLA, FLORIDA					12. REMARKS: 1. Liberty. 2. Not intoxicated. 3. Not result of own misconduct. 4. Fell while walking downstairs.		

File Copy

NMS-Form F Card (1942)		INDIVIDUAL STATISTICAL REPORT OF PATIENT				18-2714-1 GPO	
DO NOT WRITE IN THIS SPACE	1. NAME (In full, surname first) DAVIS, Gerald Henry 322-87-97					9. DIAG. CHANGED (C) To—	
	2. RACE W US		DATE OF BIRTH 8-5-17		PLACE OF BIRTH Michigan		
	3. RANK OR RATE S2CUSN		AVIATION N. FL.		LENGTH OF SERVICE 1yr. 2mos.		
	4. DIAG. No. 1205		DIAGNOSIS TITLE (Navy nomenclature) GONOCOCCUS INFECTION, URETHRA				
	5. TAKEN UP AS A		DATE 9-8-42		DISPOSITION T		
	6. EPTET No		PREVIOUSLY TAKEN UP? —		DATE —		
	7. PATIENT RECEIVED FROM—		DATE —		KEY —		
	8. TRANSFERRED AS A PATIENT TO—		DATE —		SPECIALTY —		
	9. PATIENT RECEIVED FROM—		DATE —		KEY —		
	10. PATIENT RECEIVED FROM—		DATE —		KEY —		
11. THIS CARD SENT FROM— USNAS, Pensacola, Fla.					12. REMARKS: Exposed at Grand Ledge, Michigan. THIS CARD SHALL BE CLASSIFIED AS CONFIDENTIAL EXCEPT FROM ACTIVI- TIES IN CONTINENTAL UNITED STATES ALASKA, BERMUDA, 10th, 14th and 15th NAVAL DISTRICTS.		

File Copy

## INDIVIDUAL STATISTICAL REPORT OF PATIENT

18-27714-1 GPO

DO NOT WRITE IN THIS SPACE	1. NAME (In full, surname first) BURCHARD, Fred Hinson					9. DIAG. CHANGED (C)		To—		
	2. RACE W US		DATE OF BIRTH 1-6-16		PLACE OF BIRTH Florida		DIAG. No.		ON ACCOUNT OF—	
	3. RANK OR RATE EnsUSNR		AVIATION N. Fl.		LENGTH OF SERVICE 1yr. 6mos.		10. (ACD)		DIAG. No.	PRIMARY DIAGNOSIS
	4. DIAG. No. 1328		DIAGNOSIS TITLE (Navy nomenclature) JAUNDICE, ACUTE, INFECTIVE			11. THIS CARD SENT FROM— USNAS PENSACOLA, FLA.				
	5. TAKEN UP AS A		DATE 9-8-42		DISPO- SITION T		DATE 9-8-42		SICK DAYS 0	
	6. EPTE: PREVIOUSLY TAKEN UP?		DATE		KEY		SPECIALTY		12. REMARKS: Yellow fever vaccine administered 5-16-42 Lot number - 329	
	7. PATIENT RECEIVED FROM—									
	8. TRANSFERRED AS A PATIENT TO— US NAVAL HOSPITAL, PENSACOLA, FLA.									

File Copy

## INDIVIDUAL STATISTICAL REPORT OF PATIENT

18-27714-1 GPO

DO NOT WRITE IN THIS SPACE	1. NAME (In full, surname first) GISH, Joe George 222-22-22					9. DIAG. CHANGED (C)		To—		
	2. RACE W US		DATE OF BIRTH 4-10-21		PLACE OF BIRTH Illinois		DIAG. No.		ON ACCOUNT OF—	
	3. RANK OR RATE SlcUSN		AVIATION N. Fl.		LENGTH OF SERVICE 1yr. 1 mo.		10. (ACD)		DIAG. No.	PRIMARY DIAGNOSIS
	4. DIAG. No. 814		DIAGNOSIS TITLE (Navy nomenclature) SCARLET FEVER			11. THIS CARD SENT FROM— U.S.S. ENTERPRISE BY NAVAL HOSPITAL, PHILADELPHIA, PA.				
	5. TAKEN UP AS A		DATE 10-2-42		DISPO- SITION T		DATE 10-2-42		SICK DAYS 0	
	6. EPTE: PREVIOUSLY TAKEN UP?		DATE		KEY		SPECIALTY		12. REMARKS: Proceeding under orders from Navy Yard, Portsmouth, N.H. to U.S.S. Enterprise.	
	7. PATIENT RECEIVED FROM—									
	8. TRANSFERRED AS A PATIENT TO— NAVAL HOSPITAL, PHILADELPHIA, PA.									

File Copy

## INDIVIDUAL STATISTICAL REPORT OF PATIENT

18-27714-1 GPO

DO NOT WRITE IN THIS SPACE	1. NAME (In full, surname first) GISH, Joe George 222-22-22					9. DIAG. CHANGED (C)		To— OTITIS MEDIA, ACUTE		
	2. RACE W US		DATE OF BIRTH 4-10-21		PLACE OF BIRTH Illinois		DIAG. No.		ON ACCOUNT OF—	
	3. RANK OR RATE Slc USN		AVIATION N. Fl.		LENGTH OF SERVICE 1yr. 2 mos.		10. (ACD)		DIAG. No.	PRIMARY DIAGNOSIS
	4. DIAG. No. 814		DIAGNOSIS TITLE (Navy nomenclature) SCARLET FEVER			11. THIS CARD SENT FROM— NAVAL HOSPITAL, PHILADELPHIA, PA.				
	5. TAKEN UP AS RA		DATE 10-2-42		DISPO- SITION C		DATE 10-30-42		SICK DAYS 28	
	6. EPTE: PREVIOUSLY TAKEN UP?		DATE Y3S		KEY		SPECIALTY		12. REMARKS:	
	7. PATIENT RECEIVED FROM— U.S.S. ENTERPRISE									
	8. TRANSFERRED AS A PATIENT TO—									

File Copy

## INDIVIDUAL STATISTICAL REPORT OF PATIENT

DO NOT WRITE IN THIS SPACE	1. NAME (In full, surname first) GISH, Joe George 222-22-22					9. DIAG. CHANGED (C) To— Deafness, bilateral	
	2. RACE W US		DATE OF BIRTH 4-10-21		PLACE OF BIRTH Illinois		DIAG. No. ON ACCOUNT OF— 506 Sequela
	3. RANK OR RATE S1cUSN		AVIATION N. Fl.		LENGTH OF SERVICE 1yr4mos.		10. (ACD) DIAG. No. PRIMARY DIAGNOSIS 814 Scarlet Fever
	4. DIAG. No. 520		DIAGNOSIS TITLE (Navy nomenclature) OTITIS MEDIA, ACUTE				11. THIS CARD SENT FROM—
	5. TAKEN UP AS ACD		DATE 10-30-42		DISPOSITION C		12. REMARKS:
	6. EPITE? PREVIOUSLY TAKEN UP? No		DATE —		KEY —		
	7. PATIENT RECEIVED FROM— Change of diagnosis						
	8. TRANSFERRED AS A PATIENT TO—						

File Copy

## INDIVIDUAL STATISTICAL REPORT OF PATIENT

DO NOT WRITE IN THIS SPACE	1. NAME (In full, surname first) GISH, Joe George 222-22-22					9. DIAG. CHANGED (C) To—	
	2. RACE W US		DATE OF BIRTH 4-10-21		PLACE OF BIRTH Illinois		DIAG. No. ON ACCOUNT OF—
	3. RANK OR RATE S1/c USN		AVIATION N. Fl.		LENGTH OF SERVICE 1yr4mos.		10. (ACD) DIAG. No. PRIMARY DIAGNOSIS 814 SCARLET FEVER
	4. DIAG. No. 506		DIAGNOSIS TITLE (Navy nomenclature) DEAFNESS, BILATERAL				11. THIS CARD SENT FROM— NAVAL HOSPITAL, PHILADELPHIA, PA.
	5. TAKEN UP AS ACD		DATE 12-30-42		DISPOSITION —		12. REMARKS:
	6. EPITE? PREVIOUSLY TAKEN UP? No		DATE —		KEY —		
	7. PATIENT RECEIVED FROM— Change of diagnosis						
	8. TRANSFERRED AS A PATIENT TO—						

File Copy

## INDIVIDUAL STATISTICAL REPORT OF PATIENT

DO NOT WRITE IN THIS SPACE	1. NAME (In full, surname first) GISH, Joe George 222-22-22					9. DIAG. CHANGED (C) To—	
	2. RACE W US		DATE OF BIRTH 4-10-21		PLACE OF BIRTH Illinois		DIAG. No. ON ACCOUNT OF—
	3. RANK OR RATE S1cUSN		AVIATION N. Fl.		LENGTH OF SERVICE 1yr5mos.		10. (ACD) DIAG. No. PRIMARY DIAGNOSIS
	4. DIAG. No. 506		DIAGNOSIS TITLE (Navy nomenclature) DEAFNESS, BILATERAL				11. THIS CARD SENT FROM— NAVAL HOSPITAL, PHILADELPHIA, PA.
	5. TAKEN UP AS IS		DATE 12-30-42		DISPOSITION IS		12. REMARKS:
	6. EPITE? PREVIOUSLY TAKEN UP? No		DATE —		KEY —		
	7. PATIENT RECEIVED FROM— Continued from last year						
	8. TRANSFERRED AS A PATIENT TO—						

File Copy



NMB-Form A  
(1940)

To the Bureau of Medicine and Surgery

(Name and location of ship or station)

(Of submission of report)

(Signature, commanding officer)

(Signature, medical officer)

(M. C.), U. S. Navy.

See Circular Letter Y, Manual of the Medical Department, for detailed instructions relative to preparation and forwarding of this form.

Average strength ....8737

Name of Manufacturer	Name of Preparation as Labeled	Lot No.	Size of doses (Grama)	Number of doses	
				Navy and U. S. M. C. Personal Only	All Others
Parke, Davis & Co.	Mapharsen	3294996	0.06	51	
Parke, Davis & Co.	Mapharsen	A1880F	0.06	56	
Squibb & Co.	Neoarsphenamine	2109	0.9	4	

### ARSENICAL REACTIONS

1. Number: Navy and U. S. M. C. personnel only 0; all others 0  
2. If any reactions are reported, attach a separate report in duplicate to this form. See Circular Letter Y, Manual of the Medical Department, for detailed instructions.

16-18443

## ANNUAL REPORT

The following annual data will be submitted with the monthly report for December.

1. Number of persons, (U. S. N. and U. S. M. C.), on board on December 31 who have a history of syphilis .....

2. Number of persons on board on December 31 who were treated during the year for:

(a) SYPHILIS

	U. S. Navy and U. S. M. C. Personnel (Persons)	All Others (Persons)
<b>1. ARSENICALS:</b>		
Acetarsone.....		
Arsphenamine.....		
Bismuth-arsphenamine-sulphonate (BISMARSEN).....		
Mapharsen.....		
Neosarsphenamine.....		
Silver arsphenamine.....		
Sulpharsphenamine.....		
Tryparsamide.....		
<b>2. HEAVY METALS:</b>		
Bismuth compounds.....		
Mercury compounds.....		
<b>3. OTHER TREATMENT:</b>		
Potassium iodide.....		
Specific mixture.....		
.....		
.....		
.....		

### (b) DISEASES OTHER THAN SYPHILIS

Disease:	Arsenical Used:		





I certify that my personal effects as listed on the face of this form have been returned to me.

-----  
(signature of patient)

WITNESS -----  
(signature)

6-2126

APPENDIX R

SAMPLE LETTER FORMS

(To be typed on official letter head paper)

OFFICIAL LETTER WITH ENDORSEMENTS

U.S. NAVAL AIR STATION,  
Pensacola, Florida.

FILE \_\_\_\_\_

DATE \_\_\_\_\_

From: The Medical Officer.  
To : The Chief of Naval Personnel.  
Via : (1) The Commandant.  
(2) The Chief of the Bureau of Medicine & Surgery.

Subject: \_\_\_\_\_ (be brief)

Reference: (a) \_\_\_\_\_  
(b) \_\_\_\_\_

Enclosure: (A) \_\_\_\_\_  
(B) \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_  
(Signature)  
(No rank required)

FILE \_\_\_\_\_

FIRST ENDORSEMENT

U.S. Naval Air Station,  
Pensacola, Florida,  
Date \_\_\_\_\_

From: The Commandant.  
To : The Chief of Naval Personnel.  
Via: The Chief of the Bureau of Medicine & Surgery.

1. Forwarded.

\_\_\_\_\_  
(Signature)

FILE \_\_\_\_\_

SECOND ENDORSEMENT

Bureau of Medicine & Surgery,  
Navy Department,  
Date \_\_\_\_\_

From: The Chief of the Bureau of Medicine & Surgery.  
To : The Chief of Naval Personnel.

1. Forwarded, recommending approval.

\_\_\_\_\_  
(Signature)

APPENDIX R-1

PERSONAL LETTER

U.S. Naval Air Station,  
Pensacola, Florida,  
Date \_\_\_\_\_

Dear \_\_\_\_\_:

Sincerely,

Commander A.B. Jones, USN.,  
U.S.S. TEXAS,  
New York, N.Y.

U.S. Naval Air Station,  
Pensacola, Florida,  
Date \_\_\_\_\_

Sir:

Respectfully,

Captain, U.S. Navy.

The American Consul,  
Kingston, Jamaica

MEMORANDUM

U.S. Naval Air Station,  
Pensacola, Florida.

Date \_\_\_\_\_

MEDICAL DEPARTMENT MEMORANDUM NO. \_\_\_\_\_

Subject: \_\_\_\_\_

1. \_\_\_\_\_

Comdr. (MC) U.S.N.



# APPENDIX S

Form H-6  
(1940)

Page \_\_\_\_\_

## MEDICAL HISTORY

DOE  
John (Surname) Paul  
(Christian name(s))  
Born: Place Alabama Date 9-30-22  
STATE NAME OF PLACE DATE EACH NEW ENTRY

US NAVAL AIR STATION  
PENSACOLA, FLORIDA

A- October 7, 1938.  
SUBMERSION, NONFATAL #2554  
KEY LETTER "G"

Result of own misconduct. Patient is not at present able to comprehend the above adverse entry.

1. Within command.
2. Not work.
3. Man's own negligence.
4. While returning from liberty intoxicated, walked off hospital boat landing in the water. This occurred at about 0830 this date. He was rescued by other patients and resuscitated after prolonged artificial respiration. Treated for shock and acute alcoholism. Condition improved under external heat and stimulation.

October 8, 1938. Much improved. Article 1196, N.R., complied with. Patient submitted the following statement in rebuttal to the commanding officer for transmittal to the Navy Department for decision.

Patient's statement  
/s/ (Patient's signature)

D-10-9-38 Patient has recovered from the two effects of his submersion. Well.

APPROVED: I.M. BULLY  
Lt.(MC)U.S.NAVY

W.T.HATCH  
Comdr.(MC) U.S.NAVY

Form H-6  
(1940)

Page \_\_\_\_\_

## MEDICAL HISTORY

DOE  
John (Surname) Paul  
(Christian name(s))  
Born: Place Alabama Date 9-30-22  
STATE NAME OF PLACE DATE EACH NEW ENTRY

U.S.S. ENTERPRISE

October 1, 1942.

Annual physical examination completed this date in accordance with general Order No. 177. The following conditions were noted:

- 1.
  - 2.
  - 3.
- Is physically qualified to perform all his duties at sea.

/s/  
Commander (MC) US NAVY  
President, Board of Medical Examiners

## MEDICAL HISTORY

DOE  
John (Surname) Paul  
(Christian name(s))  
Born: Place Alabama Date 9-30-24  
STATE NAME OF PLACE DATE EACH NEW ENTRY

US NAVAL AIR STATION

PENSACOLA, FLORIDA

January 15, 1942.

Examined this date and found to be  
physically fit for discharge.

Requires neither hospitalization nor  
treatment.

/S/

Lt.(MC) USNR

16-59417

## MEDICAL HISTORY

DOE  
John (Surname) Paul  
(Christian name(s))  
Born: Place Alabama Date 9-30-22  
STATE NAME OF PLACE DATE EACH NEW ENTRY

US NAVAL AIR STATION

PENSACOLA, FLORIDA

RA-September 15, 1942.

DERMATITIS (Allergic) #1917

Not due to own misconduct.

EXISTED PRIOR TO ENTRY INTO THE  
SERVICE according to patient's

accepted statement appearing below,  
copy of which has been forwarded to  
the Bureau of Medicine and Surgery.  
"I have had this skin trouble all my  
life. Several doctors have treated  
the condition, including Dr. I. S. Fisher  
of New York City and Dr. P. T. Useless of  
Brooklyn, New York. I also attended  
skin clinics at the Skin and Cancer  
Hospital in New York City during March  
and April 1941. This man has less  
than three months' service. The skin  
shows extensive, lichenified, scaly,  
excoriated dermatitis, involving  
especially the peri-orbital regions,  
the neck and extremities. It is  
exceedingly resistant to treatment.  
Prognosis as to cure is poor. It is  
not believed that this condition has  
been aggravated by Naval Service.

T-2-15-42-To US Naval Hospital,  
O Pensacola, Florida, for disposition

I. W. BULLY

Lt.(MC) U.S.Navy

APPROVED:

W. T. HATCH

Comdr. (MC) US Navy

16-59418

## MEDICAL HISTORY

DOE

John

Paul

(Christian name(s))

Born: Place Alabama Date 9-30-22

STATE NAME OF PLACE DATE EACH NEW ENTRY

U.S. NAVAL AIR STATION

PENSACOLA, FLORIDA.

A-September 30, 1942.

CATARRHAL FEVER, ACUTE #801

Not due to own misconduct.

Usual signs, symptoms, and treatment.

No complications.

D-10-2-42 Well.

I.M.BULLY

Lt.(MC) US Navy

APPROVED:

W.T.HATCH

Comdr. (MC) US Navy

18-9917

## MEDICAL HISTORY

DOE

John

Paul

(Christian name(s))

Born: Place Alabama Date 9-30-22

STATE NAME OF PLACE DATE EACH NEW ENTRY

U.S.S. ENTERPRISE

October 1, 1942.

Annual physical examination completed this date in accordance with general Order No. 177. The following conditions were noted:

1.

2.

3.

Is physically qualified to perform all his duties at sea.

/s/

Commander (MC) US NAVY

President, Board of Medical Examiners



## MEDICAL HISTORY

DOB .....  
(Surname)  
John Paul  
Born: Place Alabama Date 9-30-22  
STATE NAME OF PLACE DATE EACH NEW ENTRY

US NAVAL AIR STATION

PENSACOLA, FLORIDA

October 15, 1942.

GONOCOCCUS INFECTION, URETHRA #1205

Result of own misconduct.  
Original symptom determined to have  
appeared on October 14, 1942.  
In accordance with article 1196, U.S.  
N.R., 1920 you DOB, John Paul,

are informed that you are admitted to  
the sick list with GONOCOCCUS INFECTION,  
URETHRA, the origin of which is  
considered to be the result of your own  
misconduct.

I.M. BULLY

Lt.(MC) USNavy

Having been duly informed of the finding  
that my present disability of GONOCOCCUS  
INFECTION, URETHRA is the result of my  
own misconduct, I do not desire to  
submit a statement in rebuttal.

John Paul DOB

Exposed in venery on October 9, 1942, in  
Pensacola, Florida. No prophylaxis.  
Purulent urethral discharge is positive  
for gram negative intracellular diplo-  
cocci. Treated as ambulant case, with  
sulfathiazole.

D-10-15-42 Under treatment on venereal

O restricted list.

I.M. BULLY

Lt.(MC) US Navy

APPROVED:

W. T. HATCH

Comdr.(MC) US Navy

16-5817

## APPENDIX T

### REPORTS FROM THE MEDICAL DEPARTMENT OF A YARD OR STATION (Additional)

Form	Subject	To	When
NMS-HC-4	Roster Report, Hospital Corps	Bu.M.&S.	Monthly in U.S.; quarterly if beyond continental limits of U.S.
NMS-L	Dental Request for Dental Prostheses	do	When necessary. From stations within continental limits only
Letter	Sanitary Report	Bu.M.&S.	Monthly
Special	Estimate of Expenditures	do	Annually, by March 1.
NMS-E	Report of Expenditures	do	Quarterly from stations in U.S. only
NMS-P	Report of Operations and Diagnostic Examinations	do	Quarterly
Airmailogram	Report of average strength, admissions for communicable diseases and total admissions	Bu.M.&S.	Weekly, Saturday midnight, from stations in continental U.S. only

# APPENDIX U

## REPORTS FROM THE MEDICAL DEPARTMENT OF A SHIP

FORM	Subject	To	When
NMS-S	Binnacle List	Commanding Offr.	Daily
NMS-T	Morning Report of Sick	do	do
NMS-A	Report of cases of syphilis and arsenical treatments*	Bu. M. & S.	Quarterly
NMS-F	Abstract of Patients	do	Monthly
NMS-K-Dental	Dental Operations and Treatments	do	do
NMS-HC-4	Roster Report, Hospital Corps	Bu. M. & S.	Quarterly
Letter	Communicable diseases	do	Monthly
do	Sanitary Report	C in C	do
NMS-B	Report of Allotments*	Bu. M. & S.	Quarterly
NMS-P	Report of Operations and Diagnostic Examinations*	do	Annually (Jan. 1)
NMS-H	Medical History Sheets (Officers and Nurses)	do	Annually (Jan. 1)
NMS-X	Abstract of Enlistments*	do	do
Special	Sanitary Report	Bu. M. & S. (via C in C)	do
NMS-D	Transfer of Property	Bu. M. & S. (Copies for officers concerned)	When necessary
NMS-F Card	Individual Statistical Report	Bu. M. & S.	do
NMS-G	Hospital Ticket	Naval Hospital	do
NMS-H	Health Record (when closed)	Bu. M. & S.	do
Letter	Request for Medical Survey	S. O. P.	do
NMS-M	Report of Medical Survey	Bu. M. & S. (via S.O.P.)	do
NMS-W	Report of Death	Bu. M. & S.	do
NMS-U	Civilian Medical, Dental, and Hospital Treatment	do	do
NMS-Y	Report of Physical Examination	do	do
NMS-Aviat-1	Report of Physical Examination for flying	do	do
NMS-HC-3	Transfer and Disposition Card	do	do
NMS-4	Requisition for Supplies from Medical Supply Depot	do	do
S & A 35-L	Misconduct Report	Commanding Offr.	do
S & A 44-44a	Purchase Requisition (afloat)	Bu. M. & S.	do
S & A 154	Survey of Property	do	do
Letter	Special Epidemiological Report	do	do

\*Except from Submarines.



卷之七

## SUPPLIES AND EQUIPMENT LEDGER SHEET

Name and description of item:

GAUZE, plain, 25yds., roll.

Stock No.:	2425
Minimum Stock:	200
Reserved Stock:	600
Order Point:	825
Maximum Stock:	1,025
Tail Cost:	\$0.60

Final Year	Mid spread/Brown (Quantity)	3- Year average spread/Brown (Quantity)	Value of final year spread/Brown
81	60	60	36.00
82	35	193	195.00
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[illegible]

(over)

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[illegible]

## APPENDIX W

NAVY MED T  
(1943)

U. S. S. NAVAL AIR STATION

PENSACOLA, FLORIDA

September 11, 1943

From: Medical Officer.

**To: Commanding Officer.**

**Subject: Morning Report of Sick**

[illegible]

Admitted	7
Transferred	3
Discharged	3

Remaining 7

☆ U. S. GOVERNMENT PRINTING OFFICE : 1943 16-10165-1

W. T. HATCH, Captain (MC), U. S. Navy.



NMS-Form 5  
(1939)

U. S. S. Naval Air Station, Pensacola, Fla.

September 11, 1943

W. T. HATCH, Comdr. (MC)....., U. S. Navy.

[illegible]

16-10073

APPENDIX Y

NA9/A9-4(4) ha

September 7, 1942

From: The Medical Officer.  
To: The Commandant.

Subject: Sanitary Report for the Month of August, 1942.

Reference: (a) Article 1184, U. S. Navy Regulations, 1920;  
(b) Par. 2697, Manual of Medical Department, 1938.

1. There were fifty-three admissions to the sick list for communicable diseases transmissible by oral and nasal discharges, subdivided as follows:

Angina, Vincent's . . . . .	7
Bronchitis, acute . . . . .	7
Catarrhal fever, acute. . . . .	22
Mumps . . . . .	3
Pharyngitis, acute. . . . .	1
Pneumonia, broncho. . . . .	2
Tonsillitis, acute. . . . .	11
Influenza . . . . .	1

2. The incidence of venereal diseases showed some decrease as compared with the month of July. There were seven admissions for gonococcus infection, urethra, and six admissions for syphilis. The combined incidence for the month was 1.66 per thousand.

3. SERVICE EMPLOYEES: There were 6,304 civil service personnel employed on the station during the month of August working 6,303,328 hours. There were 218 minor injuries to these workmen, and one employee sustained a compound fracture of the right femur when struck by an airplane propeller at the motor test stand. Two hundred five (205) man days were lost from employment as a result of injuries. There were no WPA employees engaged on Federal projects on this station during the month reported.

4. One hundred and seventy-seven rats were captured and destroyed.

5. MALARIA CONTROL PROJECTS: Most of the activity at this time in malaria control consists of oiling operations and the maintenance of existing ditches. *Anopheles quadrimaculatus* has thus far not been found on the station; in the outlying areas, the densities are very low.

September 7, 1942

Subject: Sanitary Report for the Month of August, 1942.  
-----

6. ROACH CONTROL: Galleys, barracks, and quarters are routinely treated for roach control.

7. SEWAGE: Satisfactory.

8. WATER SUPPLY: Excellent.

9. CLOTHING AND HABITS OF MEN: Satisfactory.

10. FOOD: Excellent in quality with the exception of the milk supply, some of which has shown inordinately high bacterial counts. All dairies furnishing milk to the station have been inspected, and suggestions have been made for improved handling of the product where indicated.

11. HOUSING, BERTHING, AND MESSING FACILITIES: No change since last report.

12. There were 7,395 cowpox vaccinations, 6,536 "booster" typhoid inoculations, and 204 tetanus toxoid inoculations administered during the month. One hundred one men received complete courses of typhoid prophylaxis. A total of 232 venereal prophylaxes were administered to naval personnel, 50 at the main station and 182 at the first aid station in the City Hall.



# APPENDIX Z

NA9/A9-4(3) ha

September 7, 1942

From: The Medical Officer.  
 To: The Chief of the Bureau of Medicine and Surgery.  
 Via: The Commandant.  
 Subject: Report of communicable diseases and other data for the month of August, 1942.  
 Reference: (a) Paragraph 2695, Manual of the Medical Department, 1938.

1. In accordance with reference (a), the following information is submitted:

Average complement - - - - -	8737	
Total admissions (A and ACD but not RA) during the month for all diseases and conditions exclusive of injuries and poisonings - - - - -	<u>203</u>	<u>0</u>
Injuries - - - - -	37	0
Poisonings - - - - -	0	0

## REPORT OF COMMUNICABLE DISEASES

Class VIII(A):	Influenza	1	0
	Mumps	3	0
	Pneumonia, Broncho	2	0
	Angina, Vincent's	7	0
	Bronchitis, Acute	7	0
	Catarrhal Fever	22	0
	Pharyngitis, Acute	1	0
	Tonsillitis, Acute	11	0
Class IX:		0	0
Class X:		0	0
Class XI:		0	0

NA9/A9-4(3) ha

September 7, 1942

Subject: Report of communicable diseases and other data  
for the month of September, 1942.

-----

	<u>A</u>	<u>ACD</u>
Class XII: Gonococcus Infection, Urethra	8	0
Syphilis	6	0
Class XIII: Cellulitis	.9	0
Fever (Cause Undetermined)	2	0
Furuncle	2	0
Vaccinia	1	0

-----  
W. T. HATCH  
-----

## APPENDIX AA

FD-302 (Rev. Sept. 1943)

REPORT OF EXAMINATION { ADVANCEMENT  
CHANGE } IN RATING

*Bureau of Naval Personnel Manual, Part D, Chapter 5. Examination for rating of... PhMlc., V-6, USNR*

Name Doe, John Edwin, Service No. 000-00-00 Present rate PhM2c., V-6, USNR

U. S. H.O.B., Alabama, A. C. Continuous active service in present rate dates from 9-1-42

**Breakdown after break or station** (See instructions No. 8)

**Breakdown after break or station**/current active duty commenced 7-16-41 as NA1c, V-6 USNR

(Cross out as applicable; neither applies to regular Navy men with continuous service.) (Date) (Rate)

Following service computed as of 6-1-43 (See instructions No. 4)

	U. S. N.			Current Active—U. S. N. R.			Inactive—U. S. N. R.		
	years,	months		years,	months		years,	months	
Total service.....	.....	.....		1	11		.....	.....	
In present rate.....	.....	.....		.....	9		.....	.....	
In present pay grade.....	.....	.....		.....	9		.....	.....	
Sea service (for C. P. O.).....	.....	.....		.....	.....		.....	.....	

Column one above used for Regular Naval Service. Column two for service on current active duty in Naval Reserve. Column three for inactive service.

Following requirements for advancement fulfilled as noted (art. D-6104 (1)):

Practical factors completed—For rating PhMlc For P. O. class (D-5202) POlc., Spec. Br.

Training course(s) PhMlc Service school not req.

Service requirements were fulfilled on 6-1-43  
(Date)

Conduct and proficiency in rating marks for period specified by Article D-5107:

Quarter ending	3-21	6-30	12-31				Average	Meet requirements
Conduct	4.0	4.0	4.0				4.0	(Yes) <input checked="" type="checkbox"/>
Proficiency in rate	4.0	3.9	3.9				3.9	(Yes) <input checked="" type="checkbox"/>

Entries derived from service record certified correct C. R. Noble

EXAMINATION MARKS (Reference Art. D-5105) Lt. Comdr. U.S.NR.

Article D-5201 A-N (average mark) ..... Article D-5202 for petty officers (average mark) ..... 3.5

NOTE.—Examination marks for neither Article D-8201 nor D-8202 used as factor in multiple.

Article D-52 ...40.....(3)(B)(a)-(j)—Qualifications for individual rating.

Subjects...	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	(o)	Average
Marks	3.6	3.5	3.7	3.6	3.0	3.8	2.5	3.0	4.0	2.5						3.22

**MULTIPLE COMPUTATION** (See instructions No. 7)

(Use applicable table)	Table 1.—To ratings of pay grades 1-A, 2, and 3 except Mids, Fmrts, Smarts, Mldrs, Msmths.	Table 2.—To ratings of pay grades 4, 5, and 6 and to Mids, Fmrts, Smarts, Mldrs, Msmths.	Maximum
A. Examination (in qualifications for rating)	Mark.....× 20.0 <small>(3 decimals)</small>	Mark.....× 20.0	80.00
B. Total service..... <small>(For multiple purposes)</small>	Years.....× 1.0 <small>(3 decimals)</small>	Years.....× 4.0	20.00
C. Service present rate..... <small>(For multiple purposes)</small>	Months.....× 0.2	x x x x x x x x	12.00
D. Service present pay grade..... <small>(Same as C unless rate changed)</small>	Months.....× 0.1	x x x x x x x x	6.00
E. Good conduct awards.....	Number.....× 1.0	.....× 1.0	
F. Bonus (see instructions)			
	Final multiple.....	Final multiple.....	

Date of examination 5-22-43 U. S. N.O.B., Alabamium, A.C.

The candidate was examined in accordance with requirements of the Bureau of Naval Personnel Manual and existing instructions.

We consider him to be fully qualified and do so recommend him for the rating of Philc., V-6, USN

Examination marks and multiple shown above certified correct.

A. B. Cast  
Lt. Comdr. (M.C.) U. S. N. Senior Member.

D. E. Full	G. H. Ireland
Lieutenant (M.C.)	Ch. Pharmacist,
U. S. N.	U. S. N.

SUPERVISORY BOARD (if applicable)

U. S. N. U. S. N. U. S. N.

10-9099-2



**FIRST ENDORSEMENT**  
(See Instructions No. 8)

U. S. N. O. B. Alabama, A. C.

6/1/43  
(Date)

From: The Commandant.

To: THE CHIEF OF THE BUREAU OF NAVAL PERSONNEL.  
(Via Bureau of Medicine and Surgery in cases of Hospital Corps Ratings)

Subject: Doe, John E., 000-00-00, PhM2c, V-6, USNR  
(Name, rate, service number. If U. S. N. R.—above name)

Advancement—~~Change~~—to rating of PhM1c Report of—~~Examination~~

1. Forwarded.

2. Subject advancement or change in rating ~~has been effected~~ (was effected this date). Authority BuPers C/L 38-43

3. Requirements for advancement as to service, and conduct and proficiency in rating marks have been fulfilled. (Does not apply to change of rating within same pay grade unless change is from a nonrated to a petty officer grade).

W. T. Door

Commander,

U. S. N.

Original to Bureau of Naval Personnel (see Instructions No. 8)—copy to service record.

By direction.

**INSTRUCTIONS**

1. This form shall be used in all cases of examination for advancement or change in rating of enlisted men of the regular Navy and of the Naval Reserve on active duty. When properly made out, the information shown indicates whether or not all requirements for advancement have been fulfilled in accordance with existing instructions (see BuPers Manual, article D-5104 (1)).

2. In cases of Naval Reservists, the Naval Reserve class designation shall always be shown along with the rating wherever it appears. Example: BM1c V-6 U. S. N. R.

3. For regular Navy men continuous service in a rate (line 3 of heading) dates from the date of last advancement (or change) to that rate unless a broken service period intervenes in which case it dates from the date of reenlistment in that rate. For Naval Reservists on active duty continuous service in a rate dates from the date of last advancement (or change) while on current active duty, or the date of reporting for current active duty, whichever is the later. Service in rating to determine eligibility for advancement is counted from date entered in space provided.

4. SERVICE DATA TABLE.—(a) Current instructions will specify data to which service is to be computed. (b) Sea service for C. P. O. is that used for determining eligibility for advancement from petty officer first class to C. P. O. (AA) in accordance with current instructions. (c) Count 16 days or more as a full month. Do not count 15 days or less. (d) Obtain data from current service record and continuous service certificate.

5. REQUIREMENTS FOR ADVANCEMENT TABLE.—Fill in all spaces. If training course not available or any items not required, so state. In quarterly marks space enter only for quarters within period in which marks affect eligibility for advancement.

6. EXAMINATION MARKS.—(a) Examination marks to be on scale 0 to 4.0 (2.5 passing). See BuPers Manual, article D-5105. (b) Examination mark in neither D-5201 nor D-5202 is to be averaged with mark in examination for rating. (c) No marks are required for article D-5201 or D-5202 in case of examination for change in rating not involving advancement.

7. MULTIPLE TABLE.—(a) Multiple computation is not required when man examined is not competing with others for rating in question (as when no competition is indicated because sufficient rates are available for all qualified).

(b) For broken-service men and men who have been disrated and Naval Reservists with previous regular Naval service, such previous service in present rating or a higher rating may be included in determining factors (C) and (D).

(c) Only service on current active duty in the Naval Reserve may be counted in determining factors (B), (C) and (D), except that previous service in classes 0-1, 0-2 and V-3, Naval Reserve, may be counted at half rate. Inactive duty in any other classes of the Naval Reserve shall not be counted. All regular naval service is counted.

(d) Enter examination mark to 3 decimal places. Enter multiple to 2 decimal places.

(e) For each Good Conduct Medal earned (even though not yet actually received) 1.0 is added to multiple.

(f) Bonuses may be credited to multiple as follows: 5.00 for Medal of Honor; 4.00 each for Distinguished Service Medal (Army and Navy), Distinguished Service Cross (Army), Distinguished Flying Cross (Army and Navy), Life Saving Medal, and Navy Cross; 2.00 for each letter of commendation addressed personally to man from President, Secretary of the Navy, Chief of Naval Operations, or Chief of the Bureau of Navigation. If bonus is claimed enter pertinent data or, if space does not permit, attach list of medals or letters to this report.

8. ENDORSEMENT.—Always complete appropriate endorsement before forwarding. In cases where form is forwarded to examining board for further forwarding to Bureau (chief petty officer recommendations for example) the endorsement should be completed as a recommendation with (if desired) appropriate remarks in paragraph 2 in cases of "above average" and "superior" candidates.

9. An additional copy of this form is required for the Bureau of Medicine and Surgery in the case of all Hospital Corps ratings.

**HOSPITAL CORPS**

(In cases of first enlistment in, first advancement in, or transfer to ratings of the Hospital Corps, the following information should be submitted)

Enlisted                      at                      for                      Rate                       
(Date) (Place) (Rank) (In which rating)

(Name and place of birth)

U. S. GOVERNMENT PRINTING OFFICE 16-5085-6

(Home address)

APPENDIX BB

PNAS-4-6-42-20,000

U. S. NAVAL COMMUNICATION SERVICE

Pensacola, Florida

DATE: October 3, 1942

From: USNAS, Pensacola, Florida

To: BuM&S

Info:

THIS DISPATCH WILL BE SENT "DEFERRED" UNLESS OTHERWISE INDICATED.

STRENGTH 11805 CATARRHAL FEVER FIVE GONOCOCCUS INFECTIONS FOUR PNEUMONIA  
TWO SYPHILIS TWO CEREBROSPINAL FEVER CHICKENPOX CHANCROIDAL INFECTIONS  
DIPHTHERIA ENCEPHALITIS LETHARGIC GERMAN MEASLES INFLUENZA LYMPHOGRANULOMA  
VENEREUM MALARIA MEASLES MUMPS PARATYPHOID FEVER POLIOITMYELITIS SCARLET  
FEVER SMALLPOX TYPHOID FEVER TYPHUS FEVER VERRUCA ACUMINATA  
ZERO SIXTY SEVEN

AIRMAILGRAM:

Ref: BuM&S ltr. A9-6/P2(121) of March 9, 1942.

L. H. BOUNDS  
Originated By  
Lt., (MC) USNR  
M.O.O.D.

OUTGOING

L. H. BOUNDS  
Released By  
Lt., (MC) USNR  
M.O.O.D.

## FISCAL YEAR 1944 ESTIMATES OF EXPENDITURES

No. of beds for patients: 36.

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Object: S/H	Expenditures:	Bureau	Non-recurring:	Base	Recurring:	Non-recurring:		
No. :	F.Y. 1942 :	F.Y. 1943 :	Items	F.Y. 1944 :	Items	Items	(Total of	F.Y. 1944
:	:	:	:	:	:	:	Cols. 5, 6	and 7)
:	:	:	:	:	:	:	:	:
01 :	1760.00 :	4760.00 :	960.00 :	4320.00 :	:	1400.00 :	5720.00 :	:
07 :	0.00 :	0.00 :	:	:	:	200.00 :	200.00 :	:
07 :	396.00 :	720.00 :	:	720.00 :	:	:	720.00 :	:
08 :	196.00 :	200.00 :	:	200.00 :	:	:	200.00 :	:
08 :	196.00 :	400.00 :	:	400.00 :	:	:	400.00 :	:
08 :	200.00 :	400.00 :	:	400.00 :	:	:	400.00 :	:
08 :	240.00 :	320.00 :	:	320.00 :	:	:	320.00 :	:
08 :	194.00 :	400.00 :	:	400.00 :	200.00 :	:	600.00 :	:
08 :	306.00 :	480.00 :	:	480.00 :	:	:	480.00 :	:
09 :	894.00 :	2100.00 :	:	2100.00 :	:	500.00 :	500.00 :	:
09 :	47.00 :	379.00 :	:	379.00 :	:	100.00 :	100.00 :	:
09 :	0.00 :	140.00 :	:	140.00 :	:	140.00 :	140.00 :	:
09 :	60.00 :	400.00 :	:	400.00 :	:	:	400.00 :	:
09 :	8960.00 :	0.00 :	:	:	:	4480.00 :	4480.00 :	:
09 :	0.00 :	400.00 :	:	400.00 :	:	:	400.00 :	:
Total :	13571.00 :	11099.00 :	3579.00 :	8040.00 :	200.00 :	6820.00 :	15060.00 :	:
SUPPLY DEPT:	18000.00 :	70000.00 :	30000.00 :	40000.00 :	:	1650.00 :	4160.00 :	:



# APPENDIX DD

U. S. NAVAL AIR STATION,  
PENSACOLA, FLORIDA.

QUARTERLY APPORTIONMENT, F.Y. 1944.

Object:	S/H						
No.	No.	1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.	Total	
01	01	\$ 1,430.00	\$ 1,430.00	\$ 1,430.00	\$ 1,430.00	\$	5,720.00
07	11	200.00					200.00
07	18	180.00	180.00	180.00	180.00		720.00
08	06	50.00	50.00	50.00	50.00		200.00
08	08	100.00	100.00	100.00	100.00		400.00
08	10	100.00	100.00	100.00	100.00		400.00
08	11	80.00	80.00	80.00	80.00		320.00
08	18	150.00	150.00	150.00	150.00		600.00
08	40	120.00	120.00	120.00	120.00		480.00
09	60	500.00					500.00
09	64	100.00					100.00
09	65	140.00					140.00
09	66	100.00	100.00	100.00	100.00		400.00
09	68	4,480.00					4,480.00
09	72	100.00	100.00	100.00	100.00		400.00
TOTAL		\$ 7,830.00	\$ 2,410.00	\$ 2,410.00	\$ 2,410.00	\$	15,060.00

# APPENDIX EE

## U. S. NAVAL AIR STATION PENSACOLA, FLORIDA

### PRESENT AUTHORIZED COMPLEMENT

No. Rating.	Grade.	Monthly or per diem.	Annual	Department Totals
-------------	--------	-------------------------	--------	----------------------

#### Administration

1 Jun. Clk. Typist.	CAF-2.	\$120.00	\$1440.00	
1 Jun. Steno.	CAF-2.	120.00	1440.00	
1 Jun. Mail, File & Rec.Clk.	CAF-2.	120.00	1440.00	

Total required for permanent complement ..... \$ 4320.00

### RECURRING INCREASES REQUESTED FOR F.Y. 1944:

None.

### NON-RECURRING INCREASES REQUESTED FOR F.Y. 1944:

#### Administration

1 Jun. Clk. Typist.	CAF-2	Overtime \$ 486.67
1 Jun. Steno.	CAF-2	486.67
1 Jun. Mail, File & Rec.Clk.	CAF-2	486.67

Subtotal, Nonrecurring increases ..... \$ 1460.01

1944 Estimate for Subheads 0101 and 0102, combined ..... \$ 5780.01

APPENDIX FF

SCHEDULE "E" - PROJECT ESTIMATES

U. S. NAVAL HOSPITAL, PENSACOLA, FLORIDA. Date Prepared 19 February 1943 Project Estimate No. NH12/238.

Title of Project: Install Underground Electrical Service to Buildings No. 160, 159, and 268, Old Hospital Compound.

Detailed description: To install underground electrical service (110-220 volt) to buildings No. 160 (Old Storeroom), 159 and 268 (Corpsmens Barracks). To include necessary distribution panels (3) of at least 8 branch circuits 110 volt.

The present service to these buildings is now strung overhead from building to building through trees which causes chafed condition of the wires from wind storms. Also, at times it is knocked down by loaded trucks. From time to time new fixtures and appliances are added in these buildings causing the service to be inadequate. Future needs will necessitate the installation of these larger panels.

Labor and Material.....\$550.00

Estimated cost by subheads: \$550.00 Subhead 0736

Proposed manner of accomplishment: Public Works - Yard Labor.

Estimate prepared by: Public Works Officer.

Enclosures:

(A) Hospital's ltr. requesting estimate, file no. NH12/L9-3/L10-3(121), dated February 8, 1943.

(B) Public Works Officer's estimate, file no. PW-To, dated 18 February 1943.



## APPENDIX GG

S. and A.—Form 76  
Revised May, 1942**REQUISITION ON SHORE**  
(PURCHASE BY SUPPLY OFFICER)Supply Department, Navy Yard (204) U.S. NAVAL AIR STATION, PENSACOLA, FLA.  
(No. and name)

The items of service or articles (which latter are hereby certified to be not in store in any unreserved stock, or obtainable here under existing contracts) listed on the opposite side hereof are required under the appropriation and for the purpose indicated.

W. T. HATCH, Captain (MC) U.S.N.  
Supply Officer.

These services or articles are required for use in the Expanded medical facilities Department, and (in case of special stock) if approved plans are carried out, or (in the case of regular stock) if present standards remain unchanged, the materials will not become inactive or obsolete stock. They can not be manufactured or repaired at this yard within the terms of the current appropriation act. Specifications are correct.  
Delivery is required by August 15, 1942.

W. T. HATCH, Captain (MC), U.S.N.  
Head of Department.

To: The PAYMASTER GENERAL, via Bureau Medicine & Surgery APPROVED: .....

CHARLIE NOBLE, Captain, U.S. Navy,  
Commandant.

NAVY DEPARTMENT, BUREAU OF Medicine and Surgery DATE March 28, 1942.

APPROVED: The public interests require delivery of the specified services or articles within the time stated, if practicable. None of the items enumerated herein can be repaired, manufactured, or produced at any Government Navy Yard or Arsenal of the United States within the terms of the current appropriation act.

W. T. DOOR,  
Acting Chief of Bureau.

The supply officer at USNAS PENSACOLA, FLORIDA is hereby directed to procure the following specified services or articles within the time stated, if practicable; and the disbursing officer of the yard, upon receipt of this requisition and properly authenticated vouchers showing satisfactory performance of the services or delivery of the articles, is hereby authorized to pay for the same at the prices agreed upon. None of the items enumerated herein can be repaired, manufactured, or produced at any Government Navy Yard or Arsenal of the United States within the terms of the current appropriation act.

NAVY YARD ..... NAVY DEPARTMENT, BUREAU OF SUPPLIES AND ACCOUNTS.

Date .....

Date April 3, 1942

.....  
Commandant.

R. PIERCE,  
Paymaster General of the Navy.

FOR LOCAL OR EMERGENCY REQUISITIONS.

(Do not list items here—use reverse)

4-3976

P6

Requisition No. 1-1943 Bureau Medicine & Surgery Date March 15, 1942 Contract No. 12-0

Schedule No. Material for Stores account 204 Title 12-0; or Final Title

Appropriation 1731102 MEDICAL DEPARTMENT, NAVY, 1943

Purpose Drugs, chemicals & biologicals, special department, dental supplies, office supplies,

Ultimately chargeable: repairs to medical department equipment; repair of and parts for motor

Appropriation vehicles.

Title

Job Order No.

(or) Ship's Req. No.

\$2,280.00

Date

ITEM No.	ARTICLES OR SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT	
					Dollars	Cents
1.	For sundry items of medical and dental supplies; special diet for the sick; laundry supplies and services; services of blood donors; repair of and parts for medical department equipment; repair of and parts for motor vehicles; in such quantities and at such times as may be required during the fiscal year, 1943.....				2,280	00
	Amount expended and obligated under authority of corresponding requisition during the first six months of current fiscal year (1942).....\$					

# APPENDIX HH

G. and A.—Form 74  
Revised May, 1932

## REQUISITION ON SHORE (PURCHASE BY SUPPLY OFFICER)

Supply Department, Navy Yard (294) U.S. Naval Air Station, Pensacola, Fla.  
(No. and name)

The items of service or articles (which latter are hereby certified to be not in store in any unreserved stock, or obtainable here under existing contracts) listed on the opposite side hereof are required under the appropriation and for the purpose indicated.

W. T. HATCH, Captain (MC), U.S.N.  
~~Supply Officer~~

These services or articles are required for use in the Expanded medical facilities Department, and (in case of special stock) if approved plans are carried out, or (in the case of regular stock) if present standards remain unchanged, the materials will not become inactive or obsolete stock. They can not be manufactured or repaired at this yard within the terms of the current appropriation act. Specifications are correct.

Delivery is required by August 15, 1942  
W. T. HATCH, Captain (MC), U.S.N.  
Head of Department.

To: The PAYMASTER GENERAL, via Bureau Medicine & Surgery APPROVED:  
CHARLIE NOBLE, Captain, U. S. Navy,  
Commandant.

NAVY DEPARTMENT, BUREAU OF DATE  
APPROVED: The public interests require delivery of the specified services or articles within the time stated, if practicable. None of the items enumerated herein can be repaired, manufactured, or produced at any Government Navy Yard or Arsenal of the United States within the terms of the current appropriation act.

Chief of Bureau.

The supply officer at is hereby directed to procure the following specified services or articles within the time stated, if practicable; and the disbursing officer of the yard, upon receipt of this requisition and properly authenticated vouchers showing satisfactory performance of the services or delivery of the articles, is hereby authorized to pay for the same at the prices agreed upon. None of the items enumerated herein can be repaired, manufactured, or produced at any Government Navy Yard or Arsenal of the United States within the terms of the current appropriation act.

NAVY YARD NAVY DEPARTMENT, BUREAU OF SUPPLIES AND ACCOUNTS.

Date Date

Commandant.

Paymaster General of the Navy.

FOR LOCAL OR EMERGENCY REQUISITIONS.

(Do not list items here—use reverse)

4-2976

Requisition No. M&S 6-144 Bureau Medicine & Surgery Date July 3, 1943 Contract No. \_\_\_\_\_

Schedule No. \_\_\_\_\_ Material for { Stores account \_\_\_\_\_ Title 12-0; or Final Title \_\_\_\_\_  
 Ship or account 125, Naval Hospital, Washington, D. C.

Appropriation 1741102 MEDICAL DEPARTMENT, NAVY, 1944

Purpose \_\_\_\_\_

Ultimately chargeable: \_\_\_\_\_

Appropriation \_\_\_\_\_

Title \_\_\_\_\_

Job Order No. \_\_\_\_\_

(or) Ship's Req. No. \_\_\_\_\_

Date \_\_\_\_\_

\$375.00

ITEM No.	ARTICLES OR SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT	
					Dollars	Cents
	<b>A-3 DELIVERY, TIME A FACTOR</b>					
	(1) Medical Officer in Command, U. S. Naval Hospital, Washington, D. C.					
	(2) 30 days					
	<b>B-1 ARTICLES OR SERVICES</b>					
1.	<u>FOOD CONVEYOR, electric, with end shelf and twin size meat tray utensils and coffee pump. Similar or equal to Model No. 3231 of John Smith and Company Catalog.</u>	1	one		375	00
	<u>E-6 Specifications, Catalog Reference</u>					
	<u>F-1 Inspection After Delivery</u>					
	<u>K. Payment, Standard Clause</u>					
	<u>M-1 Shipment, F.O.B. Destination</u>					
	<u>N-1 Domestic Article Clause</u>					
	<u>N-2 Eight Hour Law</u>					
	<u>O Billing Instructions</u>					
	<u>Q-6 Bidders, Among Others:</u>					
	John Smith and Company, Chicago, Illinois.					
	Henry Brown and Company, New York, N. Y.					



# APPENDIX II

## NMSEC-Form 3 RECEIPT, TRANSFER AND DISPOSITION CARD

(1941)  
 Name DOE, John (n) Rate HALC USN  
 (Surname first) (State whether USN, FR, or NR)  
 Service No. 444 44 44 Expir. enlist. 8-4-46  
 Arrived USNAS, Pensacola, Florida Date\* 8-25-42  
 (Place submitting report) (Date\*)  
 For further transfer to \_\_\_\_\_  
 Received from U. S. Naval Hospital, Portsmouth, Va.  
 (Vessel, station, enlistment, reenlistment, desertion, leave, sick list, confinement, etc.)  
 Technical specialty None  
 Special qualifications 2 yrs. college  
 Dependents (wife) Mary Lee Doe  
 (Must conform with beneficiary slip in service record)  
 Permanent address (if any) 700 E. Chestnut St., Meadville, Pa.  
 Remarks \_\_\_\_\_

\* Use figures, i. e., indicate June 1, 1941, by 6-1-41.

16-18332 GPO

## NMSEC-Form 3 RECEIPT, TRANSFER AND DISPOSITION CARD

(1941)  
 Name DOE, John (n) Rate HALC USN  
 (Surname first) (State whether USN, FR, or NR)  
 Service No. 444 44 444 Specialty None Mark None  
 (Technical) (Based on 4.0)  
 Arrived USNAS, Pensacola, Florida Date\* 8-25-42  
 (Place submitting report)  
 Transferred to USNAS, Jacksonville, Fla. Date\* 2-4-43 BuPers  
 For further transfer to \_\_\_\_\_ Authority 833-RIS  
 Change in status \_\_\_\_\_ Date\* \_\_\_\_\_  
 (Discharged, extended enlist., agreement to extend enlist., changed rating, deserted, admitted to sick list, confined, leave, overtime, etc.)  
 By reason of \_\_\_\_\_  
 Dependents (wife) Mary Lee Doe  
 (Must conform with beneficiary slip in service record)  
 Permanent address (if any) 700 E. Chestnut St., Meadville, Pa.  
 Special qualifications 2 yrs. college Mark \_\_\_\_\_  
 (Other than technical specialty) (Based on 4.0)  
 Remarks \_\_\_\_\_

\* Use figures, i. e., indicate June 1, 1941, by 6-1-41.

(OVER)

16-18332

## APPENDIX II

NMSHC-Form 4  
(1962)

PAGE 1

## ROSTER REPORT OF THE HOSPITAL CORPS

U.S. Nav. Air Sta., Corpus Christi, Tex.

To: THE CHIEF OF THE BUREAU OF MEDICINE AND SURGERY. Date May 3, 1943

Subject: Roster report of the Hospital Corps for the { month } ending April 30, 1943  
~~quarter~~

A. B. CAST.

FORWARDED D. E. FULL

Captain, (M.C.) U. S. Navy.

Captain, U. S. Navy.

(Rank or role of Medical Department Representative)

Commanding.

## ENLISTED, RECEIVED, OR TRANSFERRED SINCE LAST REPORT:

\* Including Hospital Corps patients and prisoners from other stations. Ten-penny charges in status or station of "staff" hospital corpsmen not to be reported.  
† Indicate by the following abbreviations as directed in Bureau of Naval Personnel Manual, and specify P, R, H, or Ret. when indicated: P, received; R, received; H, transferred; Ret., retired.  
‡ E, enlisted; Reen, reenlisted; ExEn, extended enlistment; D, discharged; Des, deserted; DD, dead; CR, change in rating; S, received as patient.  
§ U.S. figures, e.g., 7-1-42 for July 1, 1942.      ¶ If transferred via some other ship or station, indicate same.      † Alphabetically by ratings.

NAME	Rate <sup>2</sup>	R, T, F, Des. Exts. D, Dev. DD, CR, S <sup>3</sup>	Date <sup>4</sup>	RECEIVED FROM OR TRANSFERRED TO <sup>5</sup> If discharged, give character of discharge
ALEXANDER, John W. Jr., BEALL, Earnest "A", BOLDING, Rogers P., BOLDING, Rogers P., CAMPBELL, William A., CAMPBELL, William A., CARDNER, Maurice F., HUGHES, Alvin M., JOHNSON, George F., LEONARD, Henry K., SMITH, Xavier Y., STINGCOBE, Charles B., YOUNG, Frederick C.,	HA2c NR HA2c NR HA1c NR HA1c NR PhM1c USN PhM1c USN PhM3c NR CPHM USN HA1c NR PhM2c NR HA2c NR HA2c NR HA2c NR	R CR  T  Reen T ExEn T Des R R	4- 6-43 1- 1-43 4- 6-43 4-17-43 4- 6-43 4- 7-43 4-15-43 4- 4-43 4-22-43 4- 8-43 4-20-43 4- 6-43 4- 6-43	USNH, San Diego, Calif. CR to Halc. USNH, San Diego, Calif. NRS, Dallas, Tex. Honorable discharge, E of E. Reenlisted for 4 yrs. U. S. S. Altona via RS San Diego, Cal. Enl. extended 4 yrs. from 5/10/43. USNH, Corpus Christi, Tex. (Patient). Crash-boat accident. A.O.L. 10 days USNH, San Diego, Calif. USNH, San Diego, Calif.

(Continue this group on another sheet of plain paper if more space is needed)

 $0.10 = 10310 \times 1$

Remaining at end of Month  
Quarter

I NAME (Surname first, Christian name, and initials) <sup>a</sup>	II RATE <sup>1</sup>	III ORIGINAL date of reporting	IV Date beginning present tour of duty on shore duty <sup>1</sup>	V REMARKS.—(State duty assigned. If technician, give designation and assign mark. Sick (with diagnosis). Awaiting transfer to -----). If no technicians on board, so state.
<u>HOSPITAL CORPS OFFICERS</u>				
ARMSTRONG, Lee A.	Pharm USN	11-14-42	---	Personnel Officer.
COLTHORPE, Harry V.	CPPharm USN(Ret)	6-20-42	---	Prop. & Actg., & Maintenance Officer.
<u>STAFF HOSPITAL CORPSMEN</u>				
KELLY, James (n)	CPHM NR	8-20-42	7-20-42	Storeroom.
MARVIN, William A.,	CPHM USN (Ret)	3-13-42	2-27-42	M.A.A.
CUTSHAW, Neil H.,	PHM1c USN	2- 3-43	9-26-42	Record Office.
WILLIAMS, Arnold G.,	PHM1c NR	4-18-42	3- 8-42	Dressing Room.
ELY, Nellie E.,	PHM2c WR	3-14-43	11-21-42	WAVE Dispensary.
CHALMERS, Elwood R.,	PHM2c USN	8-25-42	12-16-41	Avia. Med. Dept. (Av. Tech., 3.8).
ZUBER, Melvin E.,	PHM2c NR	5- 6-42	3- 5-42	Pharmacy.
BISSELL, Robert C.,	PHM3c USN	3- 7-43	2- 2-43	Dental Clinic (Not Dent. Tech.).
JACKSON, Calvert B.,	PHM3c NR	11-14-42	8-11-42	Operating Room (O.R. Tech., 4.0).
MULLINS, Patrick M.	PHM3c NR	9-29-42	7-30-42	Sick (Contusion, l. elbow).
BARBER, Carl N.,	HA1c NR	11- 7-42	6-20-42	Cadet Dispensary.
BEALL, Earnest "A",	HA1c NR	1- 7-43	10-26-42	Ward.
MARCOMB, Hector H.,	HA1c USN	3- 6-43	12-13-42	E.E.N.T.
TAYLOR, Denman W.,	HA1c NR	11-14-42	9-16-42	Urology.
ALEXANDER, John W., Jr.	HA2c NR	4- 6-43	9- 4-42	Sanitation.
BOULDER, Rex J.,	HA2c USN	11-14-42	4-17-42	Ward.
STINCHCOMB, Charles B.,	HA2c NR	4- 6-43	11-11-42	On leave; expires 5/6/43.
YOUNG, Frederick C.,	HA2c NR	4- 6-43	12-13-42	Laboratory (Not Lab. Tech.).
<u>UNDERGOING COURSE OF INSTRUCTION IN AVIATION MEDICINE TECHNIQUE</u>				
		3-15-43 to 6-7-43		
LANDERS, Richard (n)	PHM2c NR			
STANFIELD, Edmond E.,	PHM2c NR			
<u>PATIENT IN NAVAL HOSPITAL</u>				
JOHNSON, George F.,	HA1c NR	Transferred to USNH	Corpus Christi, Tex., 4-23-43. Tonsillitis, chronic.	

(Continue this group on the back of the plain paper containing the group listed on the front of additional sheets, if necessary)

U. S. Nav. Air Sta., Corpus Christi, Tex.

U. S. GOVERNMENT PRINTING OFFICE 0-16-12816-1

PAGE 2

APPENDIX KK

U.S. NAVAL AIR STATION  
PENSACOLA, FLORIDA

NA9/L1-1

July 20, 1942

DD/rd

From: The Commandant.  
To : The Chief of the Bureau of Medicine and Surgery,  
Washington, D. C.  
Subject: Increase in M.D. Allotment No. 3296; request for.  
Reference: (a) Paragraph 3022, subparagraph (h), Manual of  
the Medical Department.  
Enclosure: (A) N.A.S., Pensacola, Fla. Open Purchase Reqn.  
#2-1943.

1. It is requested that the Naval Air Station, Pensacola, Florida, M.D. Allotment No. 3296 be increased from \$10,000.00 to \$10,500.00; quarterly apportionment first quarter from \$4,000.00 to \$4,500.00. This increase is necessary to cover cost of equipment on enclosure (A) required for expansion of facilities to handle increased work load.

2. The following is a report of existing allotment to date:

Allotment number - 3296.  
Expended to date, this quarter.....\$3,000.00  
Obligated to date, this quarter..... 500.00  
Amount normally required, balance  
of quarter..... 1,000.00  
Total.....\$4,500.00  
Amount available, 1st quarter..... 4,000.00  
Increase required..... 500.00

JOHN DOE



# APPENDIX LI

From: The Chief of the Bureau of Medicine and Surgery.

To: MOinC, NavHosp. NetHavMedCen., Bethesda, Md.

Reference:(a) Hosp. ltr. MH6/11-2 WRJ:cc, Date 2 Aug 1943  
dated 27 Jul 1943.

Allotment No. M.D. 4024

Via:

1.. The allotment listed below has been modified as indicated.

Appropriation

BU. FILE NO. (LI-A) F- CMP	REMARKS	A P P O R T I O N M E N T A M O U N T S				A P P O R T I O N M E N T T O T A L S T O D A T E				TOTAL FOR YEAR
		FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER	
	SEE REVERSE	3750 00	3750 00	3750 00	3750 00	671620 00*	640235 00*	636280 00*	606525 00*	2554660 00*

The last amount listed under apportionment totals to date, is the total amount available for that period.

8/2/43-1. This change in allotment provides for services of blood donors.

/s/ L. Sheldon, Jr.  
Acting

APPENDIX MM

IN REPLY REFER TO

NO. ....

U. S. NAVAL AIR STATION  
PENSACOLA, FLORIDA

July 1, 1943

From: The Medical Officer.  
To: The Supply Officer.

Subject: Request for purchase under M&S Reqn. #1-1943.

1. Under authority of the above requisition, it is requested that the following be purchased for the Medical Department:

1 bottle. Aluminum Citrate  
1/4 lb. in bottle.....Est. Cost: \$1.50

2. To be delivered free of all delivery charges to the Dispensary, U. S. Naval Air Station, Pensacola, Florida, subject to the inspection and approval of the Medical Officer.

3. Among others, it is requested the following named firm be invited to bid:

Moulton's Apothecary  
15 West Garden Street  
Pensacola, Florida  
Phone 2161

JOHN DOE

# APPENDIX NN

8. and A.—Form 145  
Revised May, 1932

## ORDER FOR SUPPLIES OR SERVICES

To be used if the amount is \$500 or less  
regardless of time of delivery

OUTSIDE OF SHIPPING BOXES, PACKING LISTS,  
DEALERS' BILLS, CORRESPONDENCE AND OTHER  
PAPERS MUST QUOTE THIS NUMBER.

Requisition No. Sundry Bureau M & S Date 3-15-42 Contract No. 1M&S-142  
12-0

Schedule No. \_\_\_\_\_ Material for Stores account Title XXXX; or Final Title \_\_\_\_\_  
Ship or account  
Appropriation 1731102 MEDICAL DEPARTMENT, NAVY, 1943

204 U.S. Naval Air Station  
Pensacola, Florida

Moulton's Apothecary,  
15 West Garden Street,  
Pensacola, Florida.

2 July, 1942

(Date)

In conformity with your bid opened \_\_\_\_\_, which is accepted, deliver at the place specified below, all charges prepaid, subject to inspection as specified below, the following supplies, to be delivered promptly and within the time proposed by you, viz:

ITEM No.	ARTICLES OR SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT	
					Dollars	Cents
Shipment to be made at the earliest practicable date. Inspection to be made upon delivery.						
TO BE DELIVERED F. O. B. <u>Driver of Yard Truck on demand, for further delivery to Senior</u>						
<u>Medical Officer, Yard Dispensary</u> Unit prices should include all TRANSPORTATION						
CHARGES. If transportation charges are shown as a separate item, they must be shown on the						
same invoice as the material concerned, and accompanied by a receipted Carrier's bill bear-						
ing an autographed signature (rubber stamp or initials not acceptable).						
1.	Aluminum Citrate	1	1-lb. bot.	1.43	1	43
* To be invoiced direct to Senior Medical Officer, Yard Dispensary, US Naval Air Station, Pensacola, Florida.						
No deliveries will be received on SUNDAYS OR NATIONAL HOLIDAYS.						
IMPORTANT: FORWARD PRICED INVOICE, IN TRIPPLICATE IMMEDIATELY UPON SHIPMENT.						
Invoices covering material furnished must bear the following certificate:						
I certify that the above bill is correct and just; that payment therefor has not been received; that all statutory requirements as to labor standards, and all conditions of purchase applicable to the transactions have been complied with; and that State or local sales taxes are not included in the amounts billed.						

Total amount of order, \$ 1.43

DELIVERIES.—Before proceeding with the delivery, refer to the conditions of delivery in your retained copy of the bid.

If the bid provides for varied deliveries as may be required in the future, during the existence of the contract, you are to make deliveries only upon the receipt of orders from a competent authority.

But if the bid provides for delivery of a specified quantity within a definite period, provided there is to be no inspection before shipment, you are authorized to proceed at once with the preparation and delivery of the material. If the specifications require inspection before shipment there must be strict compliance with this provision, unless the Government subsequently gives different directions.

If the contract covers delivery f. o. b. cars, works, the material must not be shipped by the contractor, as the shipment will be made by the Inspector on a Government bill of lading after inspection.

Conditions may arise, however, necessitating shipment by the contractor, transportation charges prepaid; in which case the Government will so instruct the contractor in writing.

No FORMAL contract will be entered into with you, but this acceptance is made on expressed and exact compliance with the conditions submitted in your bid and those stated on the back hereof.

W. T. DOOR,

Commander

(S. C.), U. S. N.

Notice.—The Paymaster General directs that invitation to bid on supplies required shall not be sent to firms so long as they are in arrears in the satisfactory delivery of supplies already ordered, and that this notice shall appear upon all invitations to bid and orders for supplies.

U. S. GOVERNMENT PRINTING OFFICE 16-9880

PI1

## CONDITIONS

**ARTICLE 1. Scope of this contract.**—The contractor shall furnish and deliver

**all supplies or services covered by the items or lots hereto attached.**

**ARTICLE 2. Changes.**—Where the supplies to be furnished are to be specially manufactured in accordance with Government drawings and specifications, the contracting officer may at any time, by a written order, make changes in the drawings or specifications, except Government Master Specifications. Changes as to shipment and packing of all supplies may also be made as above provided. If such changes cause an increase or decrease in the amount due under this contract, or in the time required for its performance, an equitable adjustment shall be made and the contract shall be modified in writing accordingly. Any claim for adjustment under this article must be asserted within ten days from the date the change is ordered unless the contracting officer shall for proper cause extend such time, and if the parties can not agree upon the adjustment the dispute shall be determined as provided in Article 12 hereof. But nothing provided in this article shall excuse the contractor from proceeding with the contract as changed.

**ARTICLE 3. Extras.**—Except as otherwise herein provided, no charge for extras will be allowed unless the same have been ordered in writing by the contracting officer and the price stated in such order.

**ARTICLE 4. Inspection.**—(a) All material and workmanship shall be subject to inspection and test at all times and places and, when practicable, during manufacture. The Government shall have the right to reject articles which contain defective material or workmanship. Rejected articles shall be removed by and at the expense of the contractor promptly after notification of rejection.

(b) If inspection and test, whether preliminary or final, is made on the premises of the contractor or subcontractor, the contractor shall furnish, without additional charge, all reasonable facilities and assistance for the safe and convenient inspections and tests required by the inspectors in the performance of their duty. All inspections and tests by the Government shall be performed in such a manner as not to unduly delay the work. Special and performance tests shall be as described in the specifications. The Government reserves the right to charge to the contractor any additional cost of inspection and test when articles are not ready at the time inspection is requested by the contractor.

(c) Final inspection and acceptance of materials and finished articles will be made after delivery, unless otherwise stated. If final inspection is made at a point other than the premises of the contractor or a subcontractor, it shall be at the expense of the Government except for the value of samples used in case of rejection. Final inspection shall be conclusive except as regards latent defects, fraud, or such gross mistakes as amount to fraud. Final inspection and acceptance or rejection of the materials or supplies shall be made as promptly as practicable, but failure to inspect and accept or reject materials or supplies shall not impose liability on the Government for such materials or supplies as are not in accordance with the specifications. In the event public necessity requires the use of materials or supplies not conforming to the specifications, payment therefor shall be made at a proper reduction in price.

**ARTICLE 5. Delays—Damages.**—If the contractor refuses or fails to make deliveries of the materials or supplies within the time specified, or any extension thereof, the Government may terminate the right of the contractor to proceed with deliveries or such part or parts thereof as to which there has been delay. In such event, the Government may purchase similar materials or supplies in the open market or secure the manufacture and delivery of the materials and supplies by contract or otherwise, and the contractor shall be liable to the Government for any excess cost occasioned the Government thereby: *Provided*, That the contractor shall not be charged with any excess cost occasioned the Government by the purchase of materials or supplies in the open market or under other contracts when the delay of the contractor in making deliveries is due to unforeseeable causes beyond the control and without the fault or negligence of the contractor, including, but not restricted to, acts of God or of the public enemy, acts of the Government, fires, floods, epidemics, quarantine restrictions, strikes, freight embargoes, and unusually severe weather but not including delays caused by subcontractors: *Provided further*, That the contractor shall within ten days from the beginning of any such delay notify the contracting officer in writing of the causes of delay, who shall ascertain the facts and extent of delay, and his findings of facts thereon shall be final and conclusive on the parties hereto, subject only to appeal within thirty days by the contractor to the head of the department concerned, whose decision on such appeal as to the facts of delay shall be final and conclusive on the parties hereto.

**ARTICLE 6. Responsibility for supplies tendered.**—The contractor shall be responsible for the articles or materials covered by this contract until they are delivered at the designated point, but the contractor shall bear all risk on rejected articles or materials after notice of rejection. Where final inspection is at point of origin but delivery by contractor is at some other point, the contractor's responsibility shall continue until delivery is accomplished.

**ARTICLE 7. Increase or decrease.**—Unless otherwise specified, any variation in the quantities herein called for, not exceeding 10 per cent, will be accepted as a compliance with the contract, when caused by conditions of loading, shipping, packing, or allowances in manufacturing processes, and payments shall be adjusted accordingly.

**ARTICLE 8. Payments.**—The contractor shall be paid, upon the submission of properly certified invoices or vouchers, the prices stipulated herein for articles delivered and accepted or services rendered, less deductions, if any, as herein provided. Unless otherwise specified, payments will be made on partial deliveries accepted by the Government when the amount due on such deliveries so warrants; or, when requested by the contractor, payments for accepted partial deliveries shall be made whenever such payments would equal or exceed 50 per cent of the total amount of the contract.

**ARTICLE 10. Officials not to benefit.**—No member of or delegate to Congress or resident commissioner shall be admitted to any share or part of this contract or to any benefit that may arise therefrom, but this provision shall not be construed to extend to this contract if made with a corporation for its general benefit.

**ARTICLE 11. Covenant against contingent fees.**—The contractor warrants that he has not employed any person to solicit or secure this contract upon any agreement for a commission, percentage, brokerage, or contingent fee. Breach of this warranty shall give the Government the right to annul the contract, or, in its discretion, to deduct from the contract price or consideration the amount of such commission, percentage, brokerage, or contingent fees. This warranty shall not apply to commissions payable by contractors upon contracts or sales secured or made through bona fide established commercial or selling agencies maintained by the contractor for the purpose of securing business.

**ARTICLE 12. Disputes.**—Except as otherwise specifically provided in this contract, all disputes concerning questions of fact arising under this contract shall be decided by the contracting officer or his duly authorized representative, subject to final appeal by the contractor within thirty days to the head of the department concerned, whose decision shall be final and conclusive upon the parties hereto as to such questions of fact. In the meantime the contractor shall diligently proceed with performance.

**ARTICLE 13. Definitions.**—(a) The term "head of department" as used herein shall mean the head of the executive department or independent establishment involved or his assistant.

(b) The term "contracting officer" as used herein shall include his duly appointed successor or his duly authorized representative.

**ARTICLE 15. Patents.**—The contractor shall hold and save the Government, its officers, agents, servants, and employees, harmless from liability of any nature or kind, including costs and expenses, for or on account of any patented or unpatented invention, article, or appliance manufactured or used in the performance of this contract, including their use by the Government, unless otherwise specifically stipulated in this contract.

16-5900



APPENDIX OO

MONTHLY REPORT OF EXPENDITURES

Bureau Medicine & Surgery

U. S. Navy/Naval

Naval Air Station  
Pensacola, Florida

No. 20A

Appropriation 1721102, Medical Department, Navy, 1942

Month of June, 1942

Title No.	Title and Ship or Account	Account No.	1	2	3	4	5	6	7	8
			Labor	Estimated Indeterminate Appropriations Charge	N. S. A. Material	Appropriation Total (Sum of Columns 1, 2, and 3)	Public Vouchers Paid under Title O	Estimated Statistical Overhead	A. P. A. Material	Items from RNV Source Amount (Not to be included in column 7)
9-C	<u>YARD DISPENSARY</u>									
	Hospitals and Dispensaries	011	228.50		76.84	305.34	31.06			
		111	11.50			11.50				
		411					305.73			
		511	109.21			109.21	947.29			
	Total "11"		349.21		76.84	426.05	1284.08			
	TOTAL TITLE C		349.21		76.84	426.05	1284.08			
12-C	Public Voucher						1284.08-CR			
	GRAND TOTAL		349.21		76.84	426.05	-----			
			Note: The above expenditures include:							
				NSA material issued			76.84			
				Group IVb		210.00				
				Labor 7.0. #16-1942		27.73				
				#17-1942		47.80				
				#20-1942		33.68				
				Total			345.21			
				Grand Total			426.05			
									P14	

# APPENDIX PP

## CLASSIFICATION OF APPROPRIATIONAL OBLIGATIONS AND EXPENDITURES BY OBJECTS AND SUBHEADS

Appropriation Chargeable	Object and Subhead Numbers	(Arrangement showing appropriations, objects, and subheads chargeable by object. Classification effective for all reports of obligations and expenditures submitted for periods beginning on or after July 1, 1941)
		OBJECT AND SUBHEAD NAME
H		
O S		
P A		
I T S		
T I H		
A O I		
L N P		
S S S		
MD MD --	01 01	Salaries
MD MD --	01 02	Wages
MD MD MD	01 03	Fees for copies of death certificates and other documents
MD MD MD	01 04	Fees of civilian physicians, surgeons, dentists, and nurses
MD MD --	01 42	Fees of tree surgeons
-- MD --	01 57	Fees of lecturers and consultants at Naval Medical Center
		OBJECT 02 - TRAVEL
-- -- --	02 17	Travel of civilian specialists. (Bu. M.&S. use only.)
		OBJECT 03 - TRANSPORTATION OF THINGS
MD MD MD	03 51	Transportation of remains
MD MD MD	03 58	Tolls and ferrriages for vehicles
		OBJECT 04 - COMMUNICATION SERVICES
MD MD --	04 34	Telephone services (other than rental of equipment and salaries of operators--to be used only upon specific authority of Bumed.)
		OBJECT 05 - RENTS AND UTILITY SERVICES
MD MD --	05 21	Gas service
MD MD --	05 22	Heating service
MD MD --	05 23	Electric light and power service
MD MD --	05 24	Water service
MD MD --	05 25	Rental of equipment
		OBJECT 06 - PRINTING AND BINDING
MD MD MD	06 11	Printed forms, pamphlets, and letterheads (continued on next sheet)

## CLASSIFICATION OF APPROPRIATIONAL OBLIGATIONS AND EXPENDITURES BY OBJECTS AND SUBHEADS - Sheet #2

Appropriation Chargeable	Object and Subhead Numbers	
H		
O S		
S T		
P A		
I T S		
T I H		
A O I		
L N P		
S S S		
		OBJECT 07 - OTHER CONTRACTUAL SERVICES
MD MD MD	07 04	Special examinations and treatments at non-naval facilities
MD MD MD	07 05	Hospitalization in non-naval hospitals
MD MD MD	07 09	Services of blood donors
MD MD MD	07 16	Laundry service (other than by ship or station laundry)
MD MD MD	07 18	Maintenance and repair services - transportation equipment
MD MD --	07 36	Repair and maintenance service - buildings
MD MD --	07 36	Repair and maintenance service - utility systems
MD MD --	07 37	Repair and maintenance service - nonstructural improvements
MD MD MD	07 40	Repair services - equipment
MD MD --	07 42	Maintenance and repair services - grounds, roads, and walks
MD MD --	07 43	Waste removal service
MD MD MD	07 50	Burial expense
MD MD MD	07 52	Repair services - caskets
MD MD MD	07 53	Repair and maintenance services - cemeteries and graves
MD MD MD	07 56	Repairs Orthopedic and Prosthetic
MD MD MD	07 57	Special instruction and hygienic investigation

(continued on next sheet)

CLASSIFICATION OF APPROPRIATIONAL OBLIGATIONS AND EXPENDITURES BY OBJECTS AND SUBHEADS - Sheet #3

Appropriation Chargeable			Object and Subhead Numbers	
H				S
O	S			U
S	T			B
P	A		O	H
I	T	S	J	E
T	I	H	E	A
A	O	I	C	D
L	N	P		
S	S	S		

OBJECT 08 - SUPPLIES AND MATERIALS					
MD	MD	MD	08	06	Drugs, chemicals, and biologicals
MD	MD	MD	08	07	Surgical supplies
MD	MD	MD	08	08	Special department supplies
MD	MD	MD	08	10	Dental supplies
MD	MD	MD	08	11	Office supplies (other than printed forms and letterheads)
MD	MD	--	08	12	Cleaning and toilet supplies
MD	MD	MD	08	13	Provisions and items of special diets
MD	MD	MD	08	16	Laundry supplies and materials (includes ship or station laundry)
MD	MD	MD	08	18	Transportation, supplies, materials, and parts
MD	MD	--	08	20	Fuel (except gas)
MD	MD	--	08	26	Commissary supplies (except provisions)
MD	MD	--	08	27	Artificers, fire protection, and general supplies
MD	MD	--	08	35	Supplies, materials, and parts - maintenance of buildings
MD	MD	--	08	36	Supplies, materials, and parts - maintenance of utility systems
MD	MD	--	08	37	Supplies, materials, and parts - maintenance of nonstructural improvements
MD	MD	MD	08	40	Supplies, materials, and parts - repair of equipment
MD	MD	--	08	42	Supplies, materials, and parts - maintenance of grounds, roads, and walks
MD	MD	MD	08	52	Caskets and mortuary supplies
MD	MD	MD	08	53	Supplies and materials - care of cemeteries and graves
MD	MD	MD	08	56	Orthopedic and prosthetic appliances
MD	MD	MD	08	59	Field supplies

OBJECT 09 - EQUIPMENT					
MD	MD	MD	09	60	Hospital medical and surgical equipment
MD	MD	--	09	62	Commissary equipment
MD	MD	--	09	63	Furniture, furnishings, and equipment
MD	MD	MD	09	64	Dental equipment
MD	MD	MD	09	65	Office machines and devices
MD	MD	--	09	66	Maintenance equipment, machinery, and apparatus

(continued on next sheet)

CLASSIFICATION OF APPROPRIATIONAL OBLIGATIONS AND EXPENDITURES BY OBJECTS AND SUBHEADS - Sheet #4

Appropriation Chargeable			Object and Subhead Numbers	
<u>H</u>				<u>S</u>
<u>O</u>	<u>S</u>			<u>U</u>
<u>S</u>	<u>T</u>			<u>B</u>
<u>P</u>	<u>A</u>		<u>O</u>	<u>H</u>
<u>I</u>	<u>T</u>	<u>S</u>	<u>J</u>	<u>E</u>
<u>T</u>	<u>I</u>	<u>H</u>	<u>E</u>	<u>A</u>
<u>A</u>	<u>O</u>	<u>I</u>	<u>C</u>	<u>D</u>
<u>L</u>	<u>N</u>	<u>P</u>		
<u>S</u>	<u>S</u>	<u>S</u>		

OBJECT 09 - EQUIPMENT					
MD	MD	MD	09	68	Transportation equipment
MD	MD	--	09	69	Fire protection equipment
MD	MD	--	09	70	Laundry equipment
MD	MD	--	09	71	Equipment for maintenance of grounds
MD	MD	MD	09	72	Technical and reference books
MD	MD	MD	09	73	Mortuary equipment
MD	MD	MD	09	74	Field equipment
MD	MD	--	09	79	Sundry equipment

OBJECT 10 - LANDS AND STRUCTURES					
MD	MD	--	10	80	Buildings and other structures
MD	MD	--	10	81	Land
MD	MD	--	10	82	Nonstructural improvements
MD	MD	--	10	83	Utility systems
MD	MD	--	10	84	Fixed equipment (additions and replacements)

## APPENDIX QQ

16-34-41-13,006

U. S. NAVAL AIR STATION

Date June 3, 1942.

WORK ORDER No. 16-1942, on Job Order No. 1721102661-9/511

Prepared by Medical Department Planner; Checked Medical Officer. Chief Planner.

To Public Works Officer. To be Inspected by Medical Officer.

## Specifications:

NECESSARY SERVICES (labor and material) for repairing rear transmission  
on U.S.N. Ambulance #11415.

## Estimated cost:

Material ..... \$0.00

Labor ..... 6.00

Total ..... \$6.00

/s/ W. T. DOOR,  
Captain (MC), U.S.Navy.

Drawing No. ; Sheet No(s).

Piece No(s).

( ) Blue Prints ordered ( ) Van Dyke requested; New Drawing No. ordered.

Work to be routed in from ; to be routed out to

Authorized Expenditures as per Labor List and Material List attached.

Planning Superintendent

Section.

Work Received E.E.G. 6/9/42 19; Completed E.E.G. 7/2/42 19.

Inspected 19 found satisfactory, and routed out.

L10-3

## SUPPLY AND ACCOUNTING DEPARTMENT

Date 24 July, 1942.

To: Senior Medical Officer, Medical Department.

Work Order Closed 7-2-42.

## Charges as follows:

Labor ..... \$ 6.00

NSA-Material ..... -

APA-Material ..... -

Total ..... \$ 6.00

/s/ JOE HATCH, Lieut.(SC), U.S.Navy,  
Assistant Supply and Accounting Officer.



# APPENDIX RR

NAVY 106  
(Formerly N. S. O. 105)  
(Revised 11-8-41)

U.S. NAVAL AIR STATION,  
NAVY YARD, Pensacola, Florida

JOB ORDER 1721102661-9/511 INCIDENTAL TO "ANNUAL EXPENDITURES"  
SHIP MEDICAL DEPARTMENT (YARD DISPENSARY) DATE June 1, 1941  
APPROPRIATION 1721102 MEDICAL DEPT., NAVY 1942 TITLE "0" SUBHEAD  
WORK REQUEST NO. As issued GROUP GROUP NO.  
REPAIR URGENT DESIRABLE ALTERATION BUREAU  
(Check with X as applicable)  
AUTHORITY

DISTRIBUTION	JOB ORDER NO. 1721102661-9/511	
	<p style="text-align: center;">SPECIFICATIONS:</p> <p>To cover cost of repairs to ambulances, typewriters, adding machines and maintenance of other plant appliances during the fiscal year, 1942.</p> <p style="text-align: right;">/s/ W.T. DOOR, Captain (MC), U.S. Navy.</p>	

ESTIMATE NO. ESTIMATOR Checked by  
L I M T DAYS  
J. O. APPROVED: WORK COMPLETED: WORK SATISFACTORY:

Superintendent. Ship Inspector.

TRANSFER OF WORK.—If work is transferred, supply in blank space on reverse side of form, the following information: Status of PLANS with list of plans forwarded (Verify if plan is completed); list of MATERIAL transferred; PATTERNS transferred and patterns on hand; statement of PROGRESS of work; CORRESPONDENCE forwarded including allowance lists and statement when STATUTORY LIMIT is more than 85% obligated.

11-7776





JOURNAL OF RECEIPTS AND EXPENDITURES OF MEDICAL DEPARTMENT PROPERTY

FISCAL YEAR,.....

## RECEIPTS

## EQUIPMENT SECTION

[illegible]





# APPENDIX VV

NMS-Form N  
(1940)

## CERTIFICATE OF DEATH

From: U. S. Naval Air Station, Pensacola, Florida

To: Bureau of Medicine and Surgery, Navy Department, Washington, D. C.

(See Circular Letter R-4, Appendix D, Manual of the Medical Department, for instructions)

1. Name GISH, Joe George Rank or rate Ensign A-V(N) USNR  
 2. Born: Place Iowa Date 2-5-19  
 3. Nationality White - US Religion Protestant  
 (White—U. S., Colored, Samoan, etc.) (Denomination)  
 4. Eyes Blue Hair Lt. Brown Complexion Ruddy Height 67 Weight 135  
 5. Marks, scars, etc. (noted in health record) Anterior: S. right eyebrow;  
S. right hand; S. above right knee. Posterior: P.M. left  
scapula; P.M. left lumbar; B.M. right lumbar

FINGERPRINT

State which finger Rt. Index  
(Right index preferred)

6. Relation, name and address of next of kin or friend Father: J. G. Gish, 100 W. 5th Street,  
New York, N. Y.

7. Original admission: Place USNAS, Pensacola, Florida Date September 7, 1942  
 (Ship or station to which attached when first admitted to sick list)

8. Died: Place Santa Rose County, Florida Date Sept. 7, 1942 Hour 1112

9. Cause of death { Principal Injuries, Multiple, Extreme Key Letter I - R  
 Contributory None

10. Death is not the result of own misconduct and is in the line of duty.  
 (Is or is not) (Is or is not)

11. Disposition of remains U. S. Naval Hospital,  
Pensacola, Florida

### 12. Summary of facts relative to the death:

1. Within command.
2. Work.
3. Negligence not apparent.
4. Instructor in OS2U3 airplane, Bureau No. 9512, which crashed while on regularly scheduled dual instruction and familiarization flight.

38-12288

(Continue on back of this form)

Summary of facts—Continued

The accident occurred about 100 yards S.E. of Pace Field, in Santa Rosa County, Florida. Ensign Joe George Gish, A-V(N) U.S.N.R., was dead when removed from the plane's wreckage.

Autopsy performed at the U. S. Naval Hospital, Pensacola, Florida, by Lieut. L. C. Mokey, MC-V(S) U.S.N.R., revealed the following anatomical diagnoses:

1. Cranio-cerebral injury (Fracture and brain laceration).
2. Contusions of left side of face, head, and neck.
3. Laceration of left parietal region and minor lacerations of hands.
4. Complete fracture of lower 1/3 of right leg.

Death was due to cranio-cerebral injury. There was no evidence of pre-existing disease.

The body was identified by Lt. Comdr. H. J. Stanchion, MC-V(S), U.S.N.R., and Lieut. William D. Bulkhead, Jr., (DC) U.S.N.

.....C. O. HATCH.....Commander....., M. C., U. S. Navy.  
(Medical officer) (Rank)

Approved: Court of inquiry or board of investigation ..... be held.  
(Will or will not)

.....W. T. DOOR.....Captain....., U. S. Navy.  
(Commanding officer) (Rank)

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APPENDIX WW

\_\_\_\_\_  
(Date)

From: The Medical Officer.  
To: The Officer-of-the-Day.

Subject: Report of serious injury or death.

The following named was (injured) (killed) at about  
\_\_\_\_\_, this date:

(Name) \_\_\_\_\_ (Rank, Rate or Civilian) \_\_\_\_\_

Address: (Civilians only) \_\_\_\_\_

Nature of injury (diagnosis) \_\_\_\_\_

Circumstances of occurrence including location:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Prognosis: \_\_\_\_\_

Disposition: \_\_\_\_\_

\_\_\_\_\_  
(Signature of M.O.O.D.)



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Outline of medical department duties..

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